

- **2010-2011**
Putnam County Hospital
Emergency Department Physician (Supplemental)
(Priority Healthcare)
Greencastle, Indiana
(approximately 12,000 visit critical access hospital ED)
- **2009-2011**
Terre Haute Regional Hospital
Emergency Department Physician (Supplemental)
(TeamHealth)
Terre Haute, Indiana
- **2009-2011**
Indiana University Health-Methodist Hospital
Emergency Department-Fast Track Physician
(Indiana University Health Physicians)
Indianapolis, Indiana

Lectures Given

- 6/14: "Approach to Low Risk Chest Pain" (Terre Haute Regional Hospital Grand Rounds)
- 10/12: "Approach to the Poisoned Patient" (Indiana University MS-IV Lecture Series)
- 10/12: "Approach to the Violent Patient" (Indiana University MS-IV Lecture Series)
- 7/12: "Case Studies in Altered Mental Status" (IU Emergency Medicine Intern Orientation Series)
- 10/11: "Approach to the Poisoned Patient" (Indiana University MS-IV Lecture Series)
- 6/11: "Summer Emergencies" (Putnam County, IN EMS Audit and Review)
- 5/11: "Closed Fist Injury" (Indiana University Emergency Medicine Morbidity and Mortality Lecture)
- 1/11: "Management of Penetrating Neck Trauma" (IU Dept of EM/Trauma Combined Grand Rounds)
- 12/10: "Approach to the Patient in Hemorrhagic Shock" (Putnam County, IN EMS Audit and Review)
- 11/10: "Approach to Hypertension in the Emergency Department" (IU Dept of Emergency Med. Grand Rounds)
- 10/10: "Approach to the Febrile Child" (Indiana University MS-IV Lecture Series)
- 10/10: "Approach to the Poisoned Patient" (Indiana University MS-IV Lecture Series)
- 9/10: "Confidence Intervals" (Indiana University Dept of Emergency Medicine Journal Club)
- 8/10: "Approach to the Poisoned Patient" (Indiana University MS-IV Lecture Series)
- 5/10: "EMS Approach to Environmental Emergencies" (Putnam County, IN EMS Audit and Review)
- 5/10: "Approach to the Patient in Shock" (Indiana University Dept of Emergency Medicine Grand Rounds)
- 4/10: "EMS Approach to Behavioral Emergencies" (EMS Audit and Review Series)
- 4/10: "Likelihood Ratios and Odds vs. Probability" (Indiana University Dept of Emergency Medicine Journal Club)
- 1/10: "EMS Evaluation of the Patient in Shock" (Putnam County, IN EMS Audit and Review)
- 1/10: "Basics of Mechanical Ventilation" (Putnam County, IN EMS Audit and Review)
- 10/09: "Evolving Trends in Calcium Channel Blocker Overdose" (Toxicology Grand Rounds)
- 10/09: "Approach to the Poisoned Patient" (Indiana University MS-IV Lecture Series)
- 9/09: "Posterior MI" (Indiana University Emergency Medicine Morbidity and Mortality Lecture)
- 9/09: "Approach to Abdominal and Pelvic Trauma" (Putnam County, IN EMS Audit and Review)

- 7/09: Indiana University Emergency Medicine Case Conference
- 7/09: "Neurologic Emergencies" (Indiana University MS-IV Lecture Series)

Other Internal Academic Activity

- 2010-2013: Committee member- Indiana University School of Medicine Teacher-Learner Advocacy Cmte
- 7/12-7/13: Emergency Medicine Resident mentor
- 7/13: Oral Board Scenario Leader- Indiana University Dept of Emergency Medicine
- 4/13: Oral Board Scenario Leader- Indiana University Dept of Emergency Medicine
- 10/12: Pediatric Resident Simulation Session Team Leader
- 9/12: Emergency Medicine Journal Club Facilitator
- 8/12: Emergency Medicine Resident Simulation Session Team Leader
- 7/12: R1 Cadaver Lab Procedural Competency Station Leader
- 7/12: R2 Cadaver Lab Procedural Competency Station Leader
- 9/11: Emergency Medicine Journal Club Facilitator

External Academic Activity

- April 2013
Examiner
American Academy of Emergency Medicine
Pearls of Wisdom Oral Board Review Course
Philadelphia, Pennsylvania

Conferences Attended

- 2014
James M Johnson Physician Leadership Course
Traverse City, MI
- 2013
American College of Emergency Physicians Scientific Assembly
Seattle, WA
- 2013
James M Johnson Physician Leadership Course
Traverse City, MI
- 2011
American Academy of Emergency Medicine Scientific Assembly
Orlando, Florida
- 2010
Council of Emergency Medicine Residency Directors (CORD) Academic Assembly
Orlando, Florida

Licenses/Certifications

- Osteopathic Physician (Indiana) #02003541A
- CSR (Indiana) #02003541B
- Federal DEA #FW1496226
- American Board of Emergency Medicine #52416
- BLS Provider
- ACLS Provider
- PALS Provider

Professional Organizations

- American College of Emergency Physicians
- American Academy of Emergency Medicine
- Indiana State Medical Association

References available upon request.

<u>Name</u>	<u>Board Certification Type/Expiration</u>	<u>ATLS Status</u> (In=Instructor, P=Provider) <u>Expiration Date</u>	<u>ATLS cards</u>	<u>CME</u>
Brian Black, DO	Am Bd Family Medicine, exp 2/15/16	ATLS Provider, exp 8/18/17	yes	18.5
Michael Gamble, MD	Am Bd Family Medicine, exp 12/31/18	ATLS Provider, exp 8/18/17	yes	24.25
Kleven Israelsen, DO	Am Os Board Family Medicine, no exp	ATLS Provider, exp 12/15/16	yes	18.5
Keshava Reddy, MD	Am Bd Family Medicine, exp 2/15/16	ATLS Provider, exp 3/1/17	yes	18.5
Zachary Worley, DO	Am Bd of Emergency Medicine 12/31/22	ATLS Provider, exp 7/18/12	yes	18.5

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Brian Black, MD

Date	Title	CME
8/17/2015	Trauma Reports 15(5): Crush Injuries	2.5
8/17/2015	Trauma Reports 15(6): Blunt Pelvic Trauma	2.5
8/17/2015	Trauma Reports 16(1): Carbon Monoxide and Cyanide Poisoning in Smoke Inhalation Victims: A Review	2.5
8/17/2015	Trauma Reports 16(2): Evaluation and Management of Traumatic Wounds	2.5
8/18/2015	Trauma Reports 16(3): Submersion and Drowning Injuries	2.5
8/18/2015	Trauma Reports 16(4): Damage Control Resuscitation	2.5
8/20/2015	Trauma Reports 16(5): Pediatric Head Injury	3.5
Total		18.5

Brian Black, DO

is recognized as having successfully completed the
ATLS® Course for Doctors according to the standards
established by the ACS Committee on Trauma.

Issue Date: 08/18/2013

Expiration Date: 08/18/2017

[Signature]

[Signature]

Chairperson,
ATLS Subcommittee

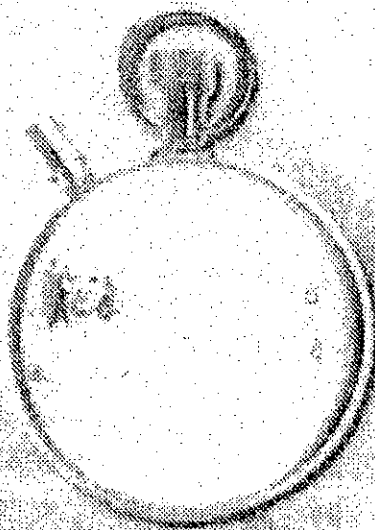
ACS Chairperson,
State/Provincial
Committee on Trauma

CS:

[Signature]
Course Director

ATLS ID..

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August 17, 2015

Dr. BRIAN BLACK
TERRE HAUTE REGIONAL HOSPITAL

USA

AHC Media certifies that Dr. BRIAN BLACK has participated in the enduring material titled Trauma Reports (Vol.15, No. 5) - Crush Injuries - Sep 01, 2014 on August 17, 2015, and is awarded 2.5 AMA PRA Category 1 Credits™.

Topics: Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

AHC Media is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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Learner Location:

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
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Topics: Trauma

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Topics: Trauma

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TEDDE HALL REGIONAL HOSPITAL

August 17, 2015

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Topics: Trauma

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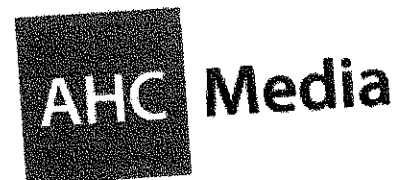
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August 18, 2015

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AHC Media certifies that Dr. BRIAN BLACK has participated in the enduring material titled Trauma Reports (Vol.16, No. 3) - Submersion and Drowning Injuries - May 1, 2015 on August 18, 2015, and is awarded 2.5 AMA PRA Category 1 Credits™.

Topics: Emergency Medicine, Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

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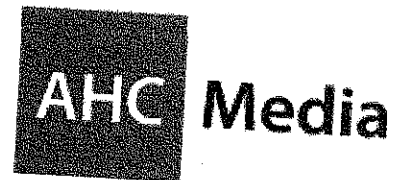
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Topics: Emergency Medicine, Trauma

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August 20, 2015

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AHC Media certifies that Dr. BRIAN BLACK has participated in the enduring material titled Trauma Reports (Vol. 16, No. 5) – Pediatric Head Injury - September 1, 2015 on August 20, 2015, and is awarded 3.5 AMA PRA Category 1 Credits™.

Topics: Emergency Medicine, Trauma

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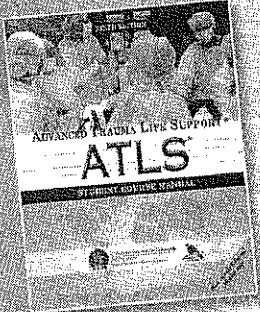
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Mike Gamble, MD

Date	Title	CME
2/21/2015	EMS State of the Science: A Gathering of Eagles XVII	16
4/29/2015	ATLS Instructor Course	8.25
Total		24.25



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Karen Brasel, MD, FACS

Chairperson,
ATLS Subcommittee

Lewis E. Jacobson
Lewis E. Jacobson, MD,
FACS

ACS Chairperson,
State/Provincial
Committee on Trauma

W. W. W. W.
ATLS Course Director

Date of Issue: 08/18/2013

Date of Expiration: 08/18/2017



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Issue Date: 08/18/2013

Expiration Date: 08/18/2017

Karen Brasel

Chairperson,
ATLS Subcommittee

Lewis E. Jacobson
ACS Chairperson,
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Committee on Trauma

CS: 41300-P/SR

W. W. W. W.
Course Director

ATLS ID:

Replacement ATLS cards are available for a \$10 USD fee.

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CONTINUING MEDICAL EDUCATION CERTIFICATE

UT Southwestern Medical Center certifies that
Michael Gamble

has participated in the live activity titled
EMS State of the Science: A Gathering of Eagles XVII (RP1502A)
at Sheraton Dallas Hotel, Dallas, TX on February 21, 2015
and is awarded 16.00 AMA PRA Category 1 Credit(s).

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Ericka K. Harden-Dews, JD, CCMEP
Interim Director
Continuing Medical and Public Education



J. Gregory Fitz, M.D.
Dean, UT Southwestern Medical School

American College of Surgeons

Division of Education

CONTINUING MEDICAL EDUCATION CERTIFICATE

Michael Gamble, MD

Has participated in the educational activity titled:

ATLS 9th Edition 1 - Day Instructor Course
April 29, 2015 - April 29, 2015
St. Louis, MO

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American College of Surgeons designates this live activity for a maximum of 8.25 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Of the AMA PRA Category 1 Credit(s)[™] listed above, a maximum of 0.00 credits meet the requirements for Self-Assessment.



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Ajit Sachdeva

Ajit K. Sachdeva, MD, FRCSC, FACS
Director, Division of Education

Total AMA PRA Category 1 Credit(s)[™] claimed: 8.25
Of the AMA PRA Category 1 Credit(s)[™] claimed above, the Self-Assessment credits earned were: 0.00

Kleven Israelsen, DO

Date	Title	CME
8/15/2015	Trauma Reports 15(5): Crush Injuries	2.5
8/15/2015	Trauma Reports 15(6): Blunt Pelvic Trauma	2.5
8/15/2015	Trauma Reports 16(1): Carbon Monoxide and Cyanide Poisoning in Smoke Inhalation Victims: A Review	2.5
8/6/2015	Trauma Reports 16(2): Evaluation and Management of Traumatic Wounds	2.5
8/6/2015	Trauma Reports 16(3): Submersion and Drowning Injuries	2.5
8/6/2015	Trauma Reports 16(4): Damage Control Resuscitation	2.5
8/15/2015	Trauma Reports 16(5): Pediatric Head Injury	3.5
Total		18.5

COMMITTEE ON TRAUMA | AMERICAN COLLEGE OF SURGEONS

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Karen Brasel
Karen Brasel, MD, FACS

Chairperson,
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Kimberly Joseph
Kimberly Joseph, MD,
FACS

ACS Chairperson,
State/Provincial
Committee on Trauma

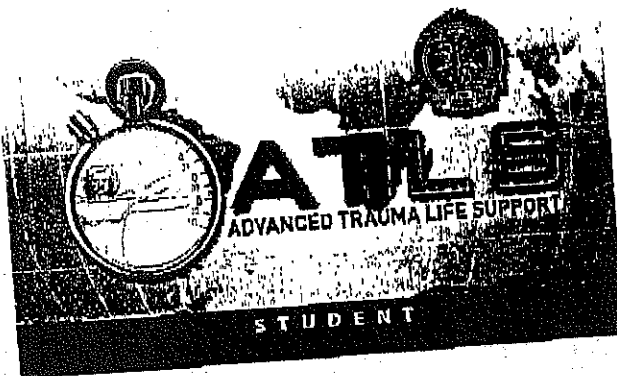
ATLS Course Director

Date of Issue: 12/15/2012

Date of Expiration: 12/15/2016



COMMITTEE ON TRAUMA



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Issue Date: 12/15/2012

Expiration Date: 12/15/2016

Karen Brasel

Kimberly Joseph

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ACS Chairperson,
State/Provincial
Committee on Trauma

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TERRE HAUTE REGIONAL HOSPITAL

August 15, 2015

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Topics: Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

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earner Location:

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Topics: Trauma

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Topics: Trauma

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August 6, 2015

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Topics: Trauma

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Learner Location:

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Dr. KLEVEN H. ISRAELSEN
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August 6, 2015

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Topics: Emergency Medicine, Trauma

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Learner Location:

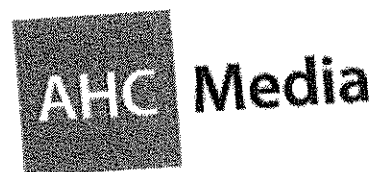
Sincerely,

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Stephen A. Brunton, MD
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Topics: Emergency Medicine, Trauma

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Chairman, CME Advisory Council
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Secure Certificate ID: 2886357-RApSG,2886357

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August 15, 2015

USA

AHC Media certifies that Dr. KLEVEN H. ISRAELSEN has participated in the enduring material titled Trauma Reports (Vol. 16, No. 5) – Pediatric Head Injury - September 1, 2015 on August 15, 2015, and is awarded 3.5 AMA PRA Category 1 Credits™.

Topics: Emergency Medicine, Trauma

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Learner Location:

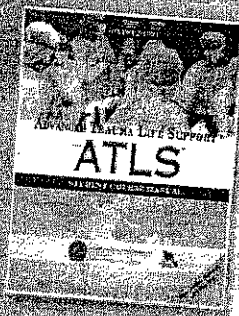
Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Certificate ID: 2896437-2DQceC,2896437

Keshava Reddy, MD		
Date	Title	CME
7/7/2015	Trauma Reports 15(5): Crush Injuries	2.5
6/30/2015	Trauma Reports 15(6): Blunt Pelvic Trauma	2.5
6/30/2015	Trauma Reports 16(1): Carbon Monoxide and Cyanide Poisoning in Smoke Inhalation Victims: A Review	2.5
6/26/2015	Trauma Reports 16(2): Evaluation and Management of Traumatic Wounds	2.5
6/25/2015	Trauma Reports 16(3): Submersion and Drowning Injuries	2.5
6/25/2015	Trauma Reports 16(4): Damage Control Resuscitation	2.5
8/29/2015	Trauma Reports 16(5): Pediatric Head Injury	3.5
Total		18.5

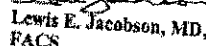


Keshava Reddy, MD

is recognized as having successfully completed the
ATLS® Course for Doctors according to the standards
established by the ACS Committee on Trauma.


Karen Brasel, MD, FACS

Chairperson,
ATLS Subcommittee


Lewis E. Jacobson, MD,
FACS

ACS Chairperson,
State/Provincial
Committee on Trauma


ATLS Course Director

Date of Issue: 03/01/2013

Date of Expiration: 03/01/2017

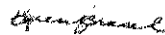


Keshava Reddy, MD

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Issue Date: 03/01/2013

Expiration Date: 03/01/2017



Chairperson,
ATLS Subcommittee



ACS Chairperson,
State/Provincial
Committee on Trauma

CS: 41299-P Course Director

ATLS ID:

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July 7, 2015

Dr. Keshava Reddy
Terre Haute Regional Hospital

USA

AHC Media certifies that Dr. Keshava Reddy has participated in the enduring material titled Trauma Reports (Vol.15, No. 5) - Crush Injuries - Sep 01, 2014 on July 7, 2015. The activity was designated for 2.5 *AMA PRA Category 1 Credits*TM.

Topics: Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

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Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

Learner Location:

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen A. Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate ID: 2851132-2F5rMb,2851132

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Dr. Keshava Reddy
Terre Haute Regional Hospital

June 30, 2015

USA

AHC Media certifies that Dr. Keshava Reddy has participated in the enduring material titled Trauma Reports (Vol.15, No. 6) - Blunt Pelvic Trauma - Nov 01, 2014 on June 30, 2015. The activity was designated for 2.5 AMA PRA Category 1 Credits™.

Topics: Trauma

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Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

Learner Location:

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen A. Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

re Certificate ID: 2843441-3T99pm,2843441

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June 30, 2015

Dr. Keshava Reddy
Terre Haute Regional Hospital

USA

AHC Media certifies that Dr. Keshava Reddy has participated in the enduring material titled Trauma Reports (Vol.16, No. 1) - Carbon Monoxide and Cyanide Poisoning in Smoke Inhalation Victims: A Review - Jan 01, 2015 on June 30, 2015, and is awarded 2.5 *AMA PRA Category 1 Credits*TM.

Topics: Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

AHC Media is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

Learner Location:

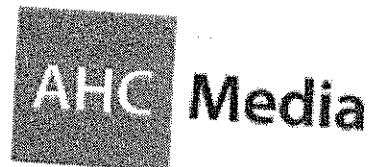
Sincerely,

A handwritten signature in black ink, appearing to read "Stephen A. Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate ID: 2842548-ykkPE,2842548

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Keshava Reddy
Terre Haute Regional Hospital

June 26, 2015

USA

AHC Media certifies that Keshava Reddy has participated in the enduring material titled Trauma Reports (Vol.16, No. 2) - Evaluation and Management of Traumatic Wounds - March 2015 on June 26, 2015, and is awarded 2.5 *AMA PRA Category 1 Credits*™.

Topics: Trauma

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Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

Learner Location:

Sincerely,

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

are Certificate ID: 2836764-35DhBx,2836764

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June 25, 2015

Keshava Reddy
Terre Haute Regional Hospital

USA

AHC Media certifies that Keshava Reddy has participated in the enduring material titled Trauma Reports (Vol.16, No. 3) - Submersion and Drowning Injuries - May 1, 2015 on June 25, 2015, and is awarded 2.5 AMA PRA Category 1 Credits™.

Topics: Emergency Medicine, Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

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Learner Location:

Sincerely,

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate ID: 2834979-A6CGjk,2834979

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Keshava Reddy
Terre Haute Regional Hospital

June 25, 2015

USA

AHC Media certifies that Keshava Reddy has participated in the enduring material titled Trauma Reports (Vol. 16, No. 4) - Damage Control Resuscitation - July 1, 2015 on June 25, 2015, and is awarded 2.5 *AMA PRA Category 1 Credits*™.

Topics: Emergency Medicine, Trauma

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

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Learner Location:

Sincerely,

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Certificate ID: 2834851-ASqoA7,2834851

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August 29, 2015

Dr. Keshava Reddy
Terre Haute Regional Hospital

USA

AHC Media certifies that Dr. Keshava Reddy has participated in the enduring material titled Trauma Reports (Vol. 16, No. 5) – Pediatric Head Injury - September 1, 2015 on August 29, 2015, and is awarded 3.5 *AMA PRA Category 1 Credits™*.

Topics: Emergency Medicine, Trauma

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Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

Learner Location:

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate ID: 2910861-2QzDVZ,2910861

235

Zachary Worley, DO

Date	Title	CME
8/15/2015	Trauma Reports 15(5): Crush Injuries	
8/15/2015	Trauma Reports 15(6): Blunt Pelvic Trauma	2.5
	Trauma Reports 16(1): Carbon Monoxide and Cyanide Poisoning	2.5
8/15/2015	in Smoke Inhalation Victims: A Review	
	Trauma Reports 16(2): Evaluation and Management of Traumatic Wounds	2.5
8/15/2015	Trauma Reports 16(3): Submersion and Drowning Injuries	2.5
8/15/2015	Trauma Reports 16(4): Damage Control Resuscitation	2.5
8/15/2015	Trauma Reports 16(5): Pediatric Head Injury	3.5
Total		18.5

Committee on Trauma American College of Surgeons	
Zack Worley, Md. is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.	
Date of Issue 7/18/2008	Date of Expiration 7/18/2012
M. J. Schaefer Chairperson, ACS State/Provincial Committee on Trauma	
CS#	ATLS ID# CS#

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Dr. ZACHARY WORLEY
TERRE HAUTE REGIONAL HOSPITAL

August 15, 2015

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Topics: Emergency Medicine, Trauma

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Learner Location:

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Brunton".

Stephen A. Brunton, MD
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August 15, 2015

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Topics: Trauma

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Learner Location:

Sincerely,

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Stephen A. Brunton, MD
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Dr. ZACHARY WORLEY
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August 15, 2015

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Topics: Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

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Chairman, CME Advisory Council
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August 15, 2015

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Topics: Emergency Medicine, Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

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Chairman, CME Advisory Council
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Dr. ZACHARY WORLEY
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August 15, 2015

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Topics: Trauma

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Learner Location:

Sincerely,

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Stephen A. Brunton, MD
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AHC Media

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August 15, 2015

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Topics: Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

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Learner Location:

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate ID: 2896305-AAGjbV,2896305

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Dr. ZACHARY WORLEY
TERRE HAUTE REGIONAL HOSPITAL

August 15, 2015

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Topics: Emergency Medicine, Trauma

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

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Learner Location:

Sincerely,

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

re Certificate ID: 2896307-2pr3Ae,2896307

244

Orthopedic Call Schedule
July 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Primary Vierra	2 Primary Vierra	3 Primary Vierra	4 Primary Vierra
5 Primary Vierra	6 Primary Vierra	7 Primary Vierra	8 Primary Vierra	9 Primary Vierra	10 Primary Vierra	11 Primary Vierra
		TPRC/TOPP				
12 Primary Vierra	13 Primary Heiney	14 Primary Heiney	15 Primary Heiney	16 Primary Heiney	17 Primary Heiney	18 Primary Heiney
19 Primary Heiney	20 Primary Lin	21 Primary Lin	22 Primary Lin	23 Primary Lin	24 Primary Lin	25 Primary Lin
26 Primary Lin	27 Primary Heiney	28 Primary Heiney	29 Primary Heiney	30 Primary Heiney	31 Primary Reilly	

Criminologic Call Schedule
August 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 Primary Reilly
2 Primary Reilly	3 Primary Reilly	4 Primary Reilly TPRC/TOPP	5 Primary Reilly	6 Primary Reilly	7 Primary Reilly	8 Primary Reilly
9 Primary Reilly	10 Primary Lin	11 Primary Lin	12 Primary Lin	13 Primary Lin	14 Primary Lin	15 Primary Lin
16 Primary Lin	17 Primary Heiney	18 Primary Heiney	19 Primary Heiney	20 Primary Heiney	21 Primary Heiney	22 Primary Heiney
23 Primary Heiney	24 Primary Reilly	25 Primary Reilly	26 Primary Reilly	27 Primary Reilly	28 Primary Reilly	29 Primary Reilly
30 Primary Reilly	31 Primary Lin					

Orthopedic Call Schedule
September 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Primary Lin	2 Primary Lin	3 Primary Lin	4 Primary Lin	5 Primary Lin Back-up
		TPRC/TOPP				
		8 Primary Vierra	9 Primary Vierra	10 Primary Vierra	11 Primary Vierra	12 Primary Vierra
6 Primary Lin	7 Primary Vierra					
		15 Primary Lin	16 Primary Lin	17 Primary Lin	18 Primary Lin	19 Primary Lin
13 Primary Vierra	14 Primary Lin					
		22 Primary Heiney	23 Primary Heiney	24 Primary Heiney	25 Primary Heiney	26 Primary Heiney
20 Primary Lin	21 Primary Heiney					
		29 Primary Vierra	30 Primary Vierra			
27 Primary Heiney	28 Primary Vierra					

	CME
Jake Heiney, MD	21
David Lin, MD	124.5
Martin Todd Reilly, DO	16
Lawrence Vierra, DO	86.25

Jake Heiney, MD

10/16/2014	Orthopedic Trauma Association Annual Meeting	21
Total		0



Orthopaedic Trauma Association
2014 Annual Meeting

Certificate of Presentation

JAKE HEINEY

attended the 30th Annual Meeting of the Orthopaedic Trauma Association, October 16-18, 2014
in Tampa, FL.

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Academy of Orthopaedic Surgeons and the Orthopaedic Trauma Association. The *American Academy of Orthopaedic Surgeons* is accredited by the ACGME to provide continuing medical education for physicians.

The *American Academy of Orthopaedic Surgeons* designates this continuing medical education activity for a maximum of **21 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Ross K Leighton, MD, OTA President

David Lin, MD		
2/25/2015	Shoulder and Elbow	10
3/11/2015	Orthopedic Knowledge Update	20
3/15/2015	Sports Medicine	10
3/16/2015	Adult Reconstructive Surgery of Hip and Knee	10
3/17/2015	Pediatric Orthopedics	12
3/18/2015	Orthopedic Basic Science	10
3/23/2015	Anatomy Imaging	10
4/2/2015	Musculoskeletal Trauma	10
4/8/2015	Foot and Ankle	10
4/14/2015	Orthopedic In-Training	20
6/24/2015	Trauma Reports - Damage Control Resuscitation	2.5
Total		124.5

AAOS AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

9400 West Higgins Road, Rosemont, IL, 60018-4976
Toll Free: (800)626-6726 Phone: (847)823-7186
Email: (847)823-7186 Website: www.aaos.org

David Da-wei Lin, MD

Continuing Medical Education (CME) Transcript
For the Period 01/01/2013 through 07/01/2015

RETAIN THIS INFORMATION FOR YOUR RECORDS

Academy records indicate you attended or participated in the following Academy sponsored educational activities. This transcript includes CME activities sponsored by orthopaedic societies that provide CME information to the Academy. The maximum number of Category 1 credits is indicated for each activity.

Please keep this transcript for your CME records and your reporting requirements to licensing bodies, hospitals, and other organizations.

The American Academy of Orthopaedic Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The activities listed have been approved for AMA PRA Category 1 credit™.

Program Title	Date(s)	Maximum Credits Offered	Actual Credits you Claimed
AAOS 2013 Annual Meeting Chicago, IL AAOS	03/19/2013 03/23/2013	38.50	38.50
Orthopaedic Knowledge Update 10 Home Study Program AAOS	04/24/2014 04/24/2014	50.00	50.00
Orthopaedic Self-Assessment Examination 2011 (OSAE) Scored and Recorded AAOS	04/24/2014 04/24/2014	20.00	20.00
Shoulder and Elbow Scored and Recorded Self-Assessment Examination 2014 AAOS	02/25/2015 02/25/2015	10.00	10.00
Orthopaedic Knowledge Update 11 Scored and Recorded Self-Assessment Examination AAOS	03/11/2015 03/11/2015	20.00	20.00
Sports Medicine Scored and Recorded Examination 2013 AAOS	03/15/2015 03/15/2015	10.00	10.00
Adult Reconstructive Surgery of the Hip and Knee Scored and Recorded Examination 2013 AAOS	03/16/2015 03/16/2015	10.00	10.00
Pediatric Orthopaedic Scored and Recorded Examination 2013 AAOS	03/17/2015 03/17/2015	12.00	12.00
Orthopaedic Basic Science Scored and Recorded Examination 2013 AAOS	03/18/2015 03/18/2015	10.00	10.00
Anatomy-Imaging Scored and Recorded Self-Assessment Examination 2014 AAOS	03/23/2015 03/23/2015	10.00	10.00
Musculoskeletal Tumors and Diseases Scored and Recorded Self-Assessment Examination 2014 AAOS	03/27/2015 03/27/2015	14.00	14.00

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AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

9400 West Higgins Road, Rosemont, IL, 60018-4976
Toll Free: (800)626-6726 Phone: (847)823-7186
Email: (847)823-7186 Website: www.aaos.org

David Da-wei Lin, MD

Continuing Medical Education (CME) Transcript
For the Period 01/01/2013 through 07/01/2015

Program Title	Date(s)	Maximum Credits Offered	Actual Credits you Claimed
Musculoskeletal Trauma Scored and Recorded Self-Assessment Examination 2015 AAOS	04/02/2015 04/02/2015	10.00	10.00
Foot and Ankle Scored and Recorded Self-Assessment Examination 2015 AAOS	04/08/2015 04/08/2015	10.00	10.00
Orthopaedic In-Training Scored and Recorded Examinations 2014 (OITE) AAOS	04/14/2015 04/14/2015	20.00	20.00

Signature of Physician - David Da-wei Lin, MD

Date

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950 E. Paces Ferry Rd. NE, Suite 2850
Atlanta, Georgia 30326
Tel (800) 688-2421
Fax (800) 284-3291
www.ahcmmedia.com



Dr. DAVID LIN
TERRE HAUTE REGIONAL HOSPITAL

June 24, 2015

USA

AHC Media certifies that Dr. DAVID LIN has participated in the enduring material titled Trauma Reports (Vol. 16, No. 4) - Damage Control Resuscitation - July 1, 2015 on June 24, 2015, and is awarded 2.5 *AMA PRA Category 1 Credits*[™].

Topics: Emergency Medicine, Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

AHC Media is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Learner Location:

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Core Certificate ID: 2832732-WAMY9,2832732

Martin Todd Reilly		
8/28/2015	Trauma Reports 15(5)- Crush Injuries	2.5
8/28/2015	Trauma Reports 15(6) - Blunt Pelvic Trauma	2.5
8/28/2015	Trauma Reports 16(2) - Evaluation and Management of Traumatic Wounds	2.5
9/18/2015	Trauma Physician Symposium	8.5
Total		16

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M TODD REILLY
TERRELLA REGIONAL HOSPITAL

August 28, 2015

USA

AHC Media certifies that M TODD REILLY has participated in the enduring material titled Trauma Reports (Vol.15, No. 5) - Crush Injuries - Sep 01, 2014 on August 28, 2015, and is awarded 2.5 *AMA PRA Category 1 Credits™*.

Topics: Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

AHC Media is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

Learner Location:

Sincerely,

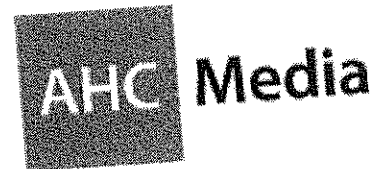
A handwritten signature in black ink, appearing to read "Stephen Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Signature Certificate ID: 2910626-2a6UBD,2910626

256

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August 28, 2015

M TODD REILLY
TERRE HAUTE REGIONAL HOSPITAL

USA

AHC Media certifies that M TODD REILLY has participated in the enduring material titled Trauma Reports (Vol.15, No. 6) - Blunt Pelvic Trauma - Nov 01, 2014 on August 28, 2015, and is awarded 2.5 *AMA PRA Category 1 Credits™*.

Topics: Trauma

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Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

Learner Location:

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate ID: 2910983-2K2G7t,2910983

257

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M TODD REILLY
TERRE HAUTE REGIONAL HOSPITAL
USA

August 28, 2015

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Topics: Trauma

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The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

Learner Location:

Sincerely,

A handwritten signature in dark ink, appearing to read "Stephen A. Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Certificate ID: 2911056-2XBAS6,2911056

CERTIFICATE OF ATTENDANCE
Trauma Physician Symposium
September 18, 2015

Please print clearly:

Name: M. [REDACTED]

Address: [REDACTED]

City: [REDACTED]

Work Phone: [REDACTED]

State: [REDACTED]

Email: [REDACTED]

Zip: [REDACTED]

TO RECEIVE CATEGORY 1 CREDIT, PLEASE FOLLOW THESE INSTRUCTIONS:

Fill out and total the Time Earned column to accurately record the CME credit you earned. **Keep the yellow copy** for your permanent record of credit hours earned, **as no other certificate will be issued**. For your credits to be maintained in our records, **you must return the completed white copy** to the registration table at the close of the conference or you may mail it to the CME office address below.

	Time Available	Time Earned
Being Clark Kent: Supportive Therapy for Caregivers (Lynchard)	60	
Indications for Damage Control Surgery (Burns)	60	
Acute Lung Injury and Acute Respiratory Distress Syndrome (Powell)	60	
Orthopedics for the Non-Surgeons (Dadgar)	60	
Indications for Acute Care Injury (Goodwin)	45	
Wounds: More Than Meets the Eye (Koterba)	60	
Initial Management of Traumatic Brain Injury in Children (Woodward)	60	
Pediatric Resuscitation and Shock (Molik)	60	
Case Presentations - Panel of Distinguished Experts	45	
Total minutes	510	
Total hours	8.5	

NOTE: Individual times are in minutes. To get total hours, total the minutes and divide by 60. Round up to the nearest 15-minute or .25 credit increment.

Accreditation Statement:

Saint Francis Health System is accredited by the Oklahoma State Medical Association to sponsor continuing medical education for physicians.

Designation Statement:

Saint Francis Health System designates this live activity for a maximum of **8.5 AMA PRA Category 1 credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This program has been approved by the AOA Council on Continuing Medical Education for eight (8.5) hours of AOA Category 1-A CME Credit. The Osteopathic Founders Foundation will report physician's credit hours to the American Osteopathic Association for those physicians who complete and return and certificate of attendance form.

The above represents an accurate record of the sessions I attended during the meeting.

Karen Cochran, BS

Karen Cochran, BS
Coordinator, Continuing Education Services

Participant Signature

Degree

Saint Francis Hospital
Department of Education
Attn: Karen Cochran
6161 South Yale
Tulsa, OK 74136

259

Lawrence Vierra

11/30/2014	Adult Spine	
12/12/2014	Musculoskeletal Trauma	10
12/20/2014	Foot and Ankle	10
4/20/2015	Orthopedic In-Training	10
4/29/2015	Case Reviews in Trauma	20
4/30/2015	International Orthopedic Trauma Course	7.75
Total		28.5
		86.25

AAOS

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AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

9400 West Higgins Road, Rosemont, IL, 60018-4976
Toll Free: (800)626-6726 Phone: (847)823-7186
Email: (847)823-7186 Website: www.aaos.org

Lawrence A Vierra, DO

Continuing Medical Education (CME) Transcript
For the Period 01/01/2013 through 04/20/2015

RETAIN THIS INFORMATION FOR YOUR RECORDS

Academy records indicate you attended or participated in the following Academy sponsored educational activities. This transcript includes CME activities sponsored by orthopaedic societies that provide CME information to the Academy. The maximum number of Category 1 credits is indicated for each activity.

Please keep this transcript for your CME records and your reporting requirements to licensing bodies, hospitals, and other organizations.

The American Academy of Orthopaedic Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The activities listed have been approved for AMA PRA Category 1 credit™.

Program Title	Date(s)	Maximum Credits Offered	Actual Credits you Claimed
OKO Online CME Course Distal Radius Malunion	12/08/2013	2.50	2.50
Online Course	12/08/2013		
AAOS			
AAOS/OTA Ankle Fractures Are Not Always Simple: Identification and Management of Subtle Complexities	12/23/2013	1.00	1.00
Online- Internet	12/23/2013		
AAOS			
OKOJ Online CME Course Diagnosis and Management of Scapholunate Advanced Collapse Wrist	12/23/2013	1.00	1.00
Online - Internet	12/23/2013		
AAOS			
The Fractured Wrist	03/30/2014	25.00	25.00
DVD-Rom	03/30/2014		
AAOS			
Adult Spine Scored and Recorded Self-Assessment Examination 2012	11/30/2014	10.00	10.00
AAOS	11/30/2014		
Musculoskeletal Trauma Scored and Recorded Self-Assessment Examination 2012	12/12/2014	10.00	10.00
AAOS	12/12/2014		
Foot and Ankle Scored and Recorded Self-Assessment Examination 2012	12/20/2014	10.00	10.00
AAOS	12/20/2014		
JAAOS SAE CME: Based on October 2012 through March 2013 issues	01/31/2015	10.00	10.00
Online - Internet	01/31/2015		
AAOS			
JAAOS SAE CME: Based on April through September 2013 issues	01/31/2015	10.00	10.00
Online - Internet	01/31/2015		
AAOS			

261

Office of Continuing Medical Education
School Of Medicine
University of California San Francisco

ACCME Provider Number: 0000302
San Francisco, California
(415) 476-5808
www.cme.ucsf.edu

Lawrence A. Vierra, DO

Certificate of Attendance

This is to certify that

Lawrence A. Vierra, DO

has participated in:

MMC15010: 10th Annual International Orthopaedic Trauma Course
April 30 - May 2, 2015

InterContinental Hotel San Francisco

This CME activity is approved for a maximum of
28.5 AMA PRA Category 1 Credit(s)™.
I have earned 28.5 credits.

approved credits shown above include 28.50 credits toward satisfying the American College of Surgeons Committee on
ma requirement for trauma-related continuing medical education.

American Academy of Physician Assistants (AAPA) accepts courses approved for AMA Category 1 Credit as meeting the
ning education requirements for license renewal.

the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credit issued by
izations accredited by the ACCME.

University of California, San Francisco School of Medicine (UCSF) is accredited by the Accreditation Council for Continuing
Education to provide continuing medical education for physicians.

signates this educational activity for a maximum of 28.5 AMA PRA Category 1 Credit(s). Physicians should claim only
commensurate with the extent of their participation in the activity.

262

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AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

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Email: (847)823-7186 Website: www.aaos.org

Lawrence A Vierra, DO

Continuing Medical Education (CME) Transcript
For the Period 01/01/2013 through 04/20/2015

Program Title	Date(s)	Maximum Credits Offered	Actual Credits you Claimed
Orthopaedic In-Training Scored and Recorded Examinations 2014 (OITE) AAOS	04/20/2015 04/20/2015	20.00	20.00

Lawrence A. Vierra DO
Signature of Physician - Lawrence A Vierra, DO

4/21/15
Date

Office of Continuing Medical Education
School Of Medicine
University of California San Francisco

ACCME Provider Number: 0000302

San Francisco, California

(415) 476-5808

www.cme.ucsf.edu

Lawrence A. Vierra, DO

Certificate of Attendance

This is to certify that

Lawrence A. Vierra, DO

has participated in:

MMC15010A: Case Reviews in Trauma, International Orthopaedic Trauma Course

April 29, 2015

InterContinental Hotel San Francisco

This CME activity is approved for a maximum of

7.75 AMA PRA Category 1 Credit(s)™.

I have earned 7.75 credits.

approved credits shown above include 7.65 credits toward satisfying the American College of Surgeons Committee on
trauma requirement for trauma-related continuing medical education.

American Academy of Physician Assistants (AAPA) accepts courses approved for AMA Category 1 Credit as meeting the
continuing education requirements for license renewal.

For the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credit issued by
organizations accredited by the ACCME.

University of California, San Francisco School of Medicine (UCSF) is accredited by the Accreditation Council for Continuing
Education to provide continuing medical education for physicians.

This designates this educational activity for a maximum of 7.75 AMA PRA Category 1 Credit(s). Physicians should claim only
credit commensurate with the extent of their participation in the activity.

264

Neurosurgery Call Schedule July 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Bowles	2 Bowles	3 Bowles	4 Bowles
5 Bowles	6 Bowles	7 Bowles TPRC/TOPP	8 Bowles	9 Bowles	10 Bowles	11 Bowles
12 Bowles	13 Bowles	14 Saadi	15 Saadi	16 Saadi	17 Saadi	18 Saadi
19 Bowles	20 Bowles	21 Nimmagadda	22 Nimmagadda	23 Nimmagadda	24 Nimmagadda	25 Nimmagadda
26 Nimmagadda	27 Nimmagadda	28 Nimmagadda	29 Bowles	30 Bowles	31 Bowles	

Neurosurgery Call Schedule
August 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 Bowles
2 Bowles	3 Bowles	4 Bowles TPRC/TOPP	5 Bowles	6 Bowles	7 Bowles	8 Bowles
9 Bowles	10 Bowles	11 Bowles	12 Raychaudhuri	13 Raychaudhuri	14 Raychaudhuri	15 Raychaudhuri
16 Raychaudhuri	17 Raychaudhuri	18 Nimmagadda	19 Nimmagadda	20 Nimmagadda	21 Nimmagadda	22 Nimmagadda
23 Nimmagadda	24 Nimmagadda	25 Nimmagadda	26 Bowles	27 Bowles	28 Bowles	29 Bowles
30 Bowles	31 Bowles					

**Neurosurgery Call Schedule
September 2015**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Bowles TPRC/TOPP	2 Bowles	3 Bowles	4 Bowles	5 Bowles
6 Bowles	7 Bowles	8 Bowles	9 Saadi	10 Saadi	11 Saadi	12 Saadi
13 Saadi	14 Saadi	15 Saadi	16 Nimmagadda	17 Nimmagadda	18 Nimmagadda	19 Nimmagadda
20 Nimmagadda	21 Nimmagadda	22 Nimmagadda	23 Saadi	24 Saadi	25 Bowles	26 Bowles
27 Bowles	28 Bowles	29 Bowles	30 Bowles			

	CME
Alfred Bowles, MD	16
Anitha Nimmagadda, MD	18.5
Ratul Raychaudhuri, MD	21
James Saadi, MD	18.5

Alfred Bowles

9/16/2015	Trauma Reports 16(5) - Pediatric Head Injury	3.5
9/16/2015	Trauma Reports 16(4) - Damage Control Resuscitation	2.5
9/16/2015	Trauma Reports 16(1) - Carbon Monoxide and Cyanide Poisoning in Smoke Inhalation Victims	2.5
9/16/2015	Trauma Reports 16(3) - Submersion and Drowning Injuries	2.5
9/16/2015	Trauma Reports 16(2) - Evaluation and Management of Traumatic Wounds	2.5
9/17/2015	Trauma Reports 15(5) - Crush Injuries	2.5
Total		16

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Alfred Bowles
Terre Haute Regional Hospital

September 16, 2015

USA

AHC Media certifies that Alfred Bowles has participated in the enduring material titled Trauma Reports (Vol. 16, No. 5) – Pediatric Head Injury - September 1, 2015 on September 16, 2015, and is awarded 3.5 *AMA PRA Category 1 Credits*TM.

Topics: Emergency Medicine, Trauma

AHC Media is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

Learner Location:

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen A. Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
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Secure Certificate ID: 2935178-3x24V3,2935178

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September 16, 2015

Alfred Bowles
Terre Haute Regional Hospital

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AHC Media certifies that Alfred Bowles has participated in the enduring material titled Trauma Reports (Vol. 16, No. 4) - Damage Control Resuscitation - July 1, 2015 on September 16, 2015, and is awarded 2.5 *AMA PRA Category 1 Credits*TM.

Topics: Emergency Medicine, Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

AHC Media is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Learner Location:

Sincerely,

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate ID: 2935225-SDMMF,2935225

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Alfred Bowles
Terre Haute Regional Hospital

September 16, 2015

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Topics: Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

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Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

Learner Location:

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate ID: 2935266-3RWEkf,2935266

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September 16, 2015

Alfred Bowles
Terre Haute Regional Hospital

USA

AHC Media certifies that Alfred Bowles has participated in the enduring material titled Trauma Reports (Vol.16, No. 3) - Submersion and Drowning Injuries - May 1, 2015 on September 16, 2015, and is awarded 2.5 AMA PRA Category 1 Credits™.

Topics: Emergency Medicine, Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

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Learner Location:

Sincerely,

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
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Alfred Bowles
Terre Haute Regional Hospital

September 16, 2015

USA

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Topics: Trauma

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The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

Learner Location:

Sincerely,

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
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September 17, 2015

Alfred Bowles
Terre Haute Regional Hospital

USA

AHC Media certifies that Alfred Bowles has participated in the enduring material titled Trauma Reports (Vol.15, No. 5) - Crush Injuries - Sep 01, 2014 on September 17, 2015, and is awarded 2.5 *AMA PRA Category I Credits*TM.

Topics: Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

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Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

Learner Location:

Sincerely,

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate ID

275

Anitha Nimmagadda

6/25/2015	Trauma Reports - Damage Control Resuscitation	2.5
7/21/2015	Trauma Reports - Crush Injuries	2.5
7/22/2015	Trauma Reports - Submersion and Drowning Injuries	2.5
7/22/2015	Trauma Reports - Blunt Pelvic Trauma	2.5
7/27/2015	Trauma Reports - Carbon Monoxide and Cyanide Poisoning in Smoke Inhalation Victims	2.5
7/27/2015	Trauma Reports - Evaluation and Management of Traumatic Wounds	2.5
8/18/2015	Trauma Reports - Pediatric Head Injury	3.5
Total		18.5

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June 25, 2015

ANITHA NIMMAGADDA
TERRE HAUTE REGIONAL HOSPITAL

USA

AHC Media certifies that ANITHA NIMMAGADDA has participated in the enduring material titled Trauma Reports (Vol. 16, No. 4) - Damage Control Resuscitation - July 1, 2015 on June 25, 2015, and is awarded 2.5 AMA PRA Category 1 Credits™.

Topics: Emergency Medicine, Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

AHC Media is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Learner Location:

Sincerely,

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
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ANITHA NIMMAGADDA
TERRE HAUTE REGIONAL HOSPITAL

July 21, 2015

USA

AHC Media certifies that ANITHA NIMMAGADDA has participated in the enduring material titled Trauma Reports (Vol.15, No. 5) - Crush Injuries - Sep 01, 2014 on July 21, 2015, and is awarded 2.5 *AMA PRA Category 1 Credits™*.

Topics: Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

AHC Media is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

Learner Location:

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate ID:

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Atlanta, Georgia 30326
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July 22, 2015

ANITHA NIMMAGADDA
TERRE HAUTE REGIONAL HOSPITAL

USA

AHC Media certifies that ANITHA NIMMAGADDA has participated in the enduring material titled Trauma Reports (Vol.16, No. 3) - Submersion and Drowning Injuries - May 1, 2015 on July 22, 2015, and is awarded 2.5 AMA PRA Category 1 Credits™.

Topics: Emergency Medicine, Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

AHC Media is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Learner Location:

Sincerely,

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Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate ID:

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ANITHA NIMMAGADDA
TERRY HAUTE REGIONAL HOSPITAL

July 22, 2015

USA

AHC Media certifies that ANITHA NIMMAGADDA has participated in the enduring material titled Trauma Reports (Vol.15, No. 6) - Blunt Pelvic Trauma - Nov 01, 2014 on July 22, 2015, and is awarded 2.5 *AMA PRA Category 1 Credits*™.

Topics: Trauma

AHC Media is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

Learner Location:

Sincerely,

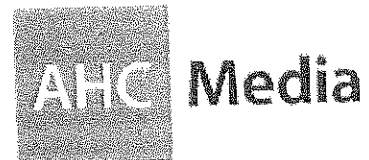
A handwritten signature in black ink, appearing to read "Stephen Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate 1

280

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July 27, 2015

ANITHA NIMMAGADDA
TERRE HAUTE REGIONAL HOSPITAL

USA

AHC Media certifies that ANITHA NIMMAGADDA has participated in the enduring material titled Trauma Reports (Vol.16, No. 1) - Carbon Monoxide and Cyanide Poisoning in Smoke Inhalation Victims: A Review - Jan 01, 2015 on July 27, 2015, and is awarded 2.5 *AMA PRA Category 1 Credits*TM.

Topics: Trauma

The American Osteopathic Association has approved this continuing education activity for up to 2.5 AOA Category 2-B credits.

AHC Media is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Approved by the American College of Emergency Physicians for a maximum of 2.5 hours of ACEP Category I credit.

Learner Location:

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Brunton".

Stephen A. Brunton, MD
Chairman, CME Advisory Council
AHC Media

Secure Certificate ID:

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ANITHA NIMMAGADDA
TERRE HAUTE REGIONAL HOSPITAL

July 27, 2015

USA

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Topics: Trauma

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Learner Location:

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Chairman, CME Advisory Council
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August 18, 2015

ANITHA NIMMAGADDA
TERRE HAUTE REGIONAL HOSPITAL

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Topics: Emergency Medicine, Trauma

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Learner Location:

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Ratul Raychaudhuri

10/1/2014	University of Missouri - Neurology/Neurosurgery Grand Rounds	1
10/8/2014	Neurosurgery Clinical Review	1
10/8/2014	University of Missouri - Neurology/Neurosurgery Grand Rounds	1
10/12/2014	University of Missouri - Neurology/Neurosurgery Grand Rounds	1
10/22/2014	Neurosurgery Morbidity and Mortality Conference	1
10/22/2014	University of Missouri - Neurology/Neurosurgery Grand Rounds	1
10/29/2014	Neurosurgery Basic and Clinical Review	1
10/29/2014	University of Missouri - Neurology/Neurosurgery Grand Rounds	1
11/5/2014	Neurosurgery/Neuroradiology Case Conference	1
11/12/2014	Neurosurgery/Neuroradiology Case Conference	1
11/26/2014	University of Missouri - Neurology/Neurosurgery Grand Rounds	1
1/7/2015	Neurosurgery Basic and Clinical Review	1
1/7/2015	Neurosurgery/Neuroradiology Case Conference	1
1/14/2015	Neurosurgery Basic and Clinical Review	1
2/25/2015	Neurosurgery/Neuroradiology Case Conference	1
3/4/2015	Neurosurgery Basic and Clinical Review	1
3/11/2015	Neurosurgery/Neuroradiology Case Conference	1
3/25/2015	Neurosurgery/Neuroradiology Case Conference	1
4/1/2015	Neurosurgery Basic and Clinical Review	1
4/8/2015	Neurosurgery/Neuroradiology Case Conference	1
5/13/2015	Neurosurgery/Neuroradiology Case Conference	1
Total		21



CME Transcript
UNIVERSITY OF MISSOURI - COLUMBIA
UNIVERSITY EXTENSION - SCHOOL OF MEDICINE

01/01/13 - 12/31/14

Ratul Raychaudhuri, MD - 2611720

Conference ID	Conference Title	Dates		Location	Credit Earned
21972	Neurology/Neurosurgery Grand Rounds-Angela Spurgeon DO The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s) [™] . Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	11/26/2014	11/26/2014	Acuff Auditorium (HSC)	1.00
21582	Neurosurgery Neuroradiology Case Conference Series-N. Scott Litofsky MD The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s) [™] . Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	11/12/2014	11/12/2014	Neurosurgery Library/MC323	1.00
21583	Neurosurgery Neuroradiology Case Conference Series-N. Scott Litofsky MD The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s) [™] . Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	11/05/2014	11/05/2014	Neurosurgery Library/MC323	1.00
21968	Neurology/Neurosurgery Grand Rounds-Scott Lucchese MD The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s) [™] . Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	10/29/2014	10/29/2014	Acuff Auditorium (HSC)	1.00
21521	Neurosurgery Basic and Clinical Review Educational Conference Series-William Humphries III MD PhD The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s) [™] . Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	10/29/2014	10/29/2014	Neurosurgery Library/MC323	1.00
21967	Neurology/Neurosurgery Grand Rounds-Shawn M Whitton MD The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s) [™] . Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	10/22/2014	10/22/2014	Acuff Auditorium (HSC)	1.00

Wednesday, February 25, 2015

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CME Transcript
UNIVERSITY OF MISSOURI - COLUMBIA
UNIVERSITY EXTENSION - SCHOOL OF MEDICINE
01/01/13 - 12/31/14

Ratul Raychaudhuri, MD - 2611720

21516	Neurosurgery Morbidity & Mortality Conference Series-Dr. Raychaudhuri	10/22/2014	10/22/2014	MC323, MU HSC	2.00
Speaker	<p>The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Education (ACCME) to provide Category 1 continuing medical education credit.</p> <p>Speakers will be awarded two (2) AMA PRA Category 1 Credit(s)[™] for each one-hour program. No credits are given for repeat presentations of the same material. Speakers are limited to a total of 10 credit hours per year that can be claimed as teaching hours toward the Physician's Recognition Award (PRA).</p>				
21973	Neurology/Neurosurgery Grand Rounds-Addisu Mesfin MD	10/12/2014	10/12/2014	Acuff Auditorium (HSC)	1.00
	<p>The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.</p> <p>The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s)[™]. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.</p>				
21559	Neurology/Neurosurgery Grand Rounds-Abraham Rodriguez MD	10/08/2014	10/08/2014	Acuff Auditorium (HSC)	1.00
	<p>The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.</p> <p>The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s)[™]. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.</p>				
21520	Neurosurgery Basic and Clinical Review Educational Conference Series-Slava Makler DO and N. Scott Litofsky MD	10/08/2014	10/08/2014	Neurosurgery Library/MC323	1.00
	<p>The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.</p> <p>The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s)[™]. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.</p>				
21966	Neurology/Neurosurgery Grand Rounds-Nitya Bandla MD	10/01/2014	10/01/2014	Acuff Auditorium (HSC)	1.00
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21965	Neurology/Neurosurgery Grand Rounds-Priyati Rani MD	09/24/2014	09/24/2014	Acuff Auditorium (HSC)	1.00
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CME Transcript
UNIVERSITY OF MISSOURI - COLUMBIA
UNIVERSITY EXTENSION - SCHOOL OF MEDICINE

01/01/15 - 08/01/15

Ratul Raychaudhuri, MD - 2611720

Conference ID	Conference Title	Dates		Location	Credit Earned
22960	Neurosurgery Neuroradiology Case Conference Series The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s) [™] . Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	05/13/2015	05/13/2015	MC323	1.00
22700	Multi-Disciplinary Oncology Conference Series-CNS The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s) [™] . Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	05/13/2015	05/13/2015	PCT Room T2107	1.00
22564	Neurosurgery Neuroradiology Case Conference Series The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s) [™] . Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	04/08/2015	04/08/2015	MC323	1.00
22548	Nuerosurgery Basic & Clinical Review Educational Conference Series-Oncogenes The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s) [™] . Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	04/01/2015	04/01/2015	MC323	1.00
22563	Neurosurgery Neuroradiology Case Conference Series The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s) [™] . Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	03/25/2015	03/25/2015	MC323	1.00
22684	Multi-Disciplinary Oncology Conference Series-CNS The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s) [™] . Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	03/11/2015	03/11/2015	PCT Room T2107	1.00

Thursday, August 13, 2015

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CME Transcript
UNIVERSITY OF MISSOURI - COLUMBIA
UNIVERSITY EXTENSION - SCHOOL OF MEDICINE

01/01/15 - 08/01/15

Ratul Raychaudhuri, MD - 2611720

22559	Neurosurgery Neuroradiology Case Conference Series	03/11/2015	03/11/2015	MC323	1.00
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22549	Neurosurgery Basic & Clinical Review Educational Conference Series-Hypothalamic - Pituitary Axis	03/04/2015	03/04/2015	MC323	1.00
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22561	Neurosurgery Neuroradiology Case Conference Series	02/25/2015	02/25/2015	MC323	1.00
The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.					
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22550	Neurosurgery Basic & Clinical Review Educational Conference Series-Vestibular Function	01/14/2015	01/14/2015	MC323	1.00
The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.					
The Office of Continuing Education, School of Medicine, University of Missouri designates this educational activity for AMA PRA Category 1 Credit(s)™. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.					
22566	Neurosurgery Neuroradiology Case Conference Series	01/07/2015	01/07/2015	MC323	1.00
The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.					
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22551	Neurosurgery Basic & Clinical Review Educational Conference Series-Auditory Function	01/07/2015	01/07/2015	MC323	1.00
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UNIVERSITY EXTENSION - SCHOOL OF MEDICINE
01/01/15 - 08/01/15

Ratul Raychaudhuri, MD - 2611720

Speaker Credit 2015	0.00
Participation Credit 2015	12.00
Annual Total 2015	12.00

| Grand Total | 12.00 |

Ratul Raychaudhuri

Thursday, August 13, 2015

289

James Saadi

9/18/2015	Trauma Reports 16(5) - Pediatric Head Injury	3.5
9/18/2015	Trauma Reports 16(4) - Damage Control Resuscitation	2.5
9/18/2015	Trauma Reports 16(3) - Submersion and Drowning Injuries	2.5
9/18/2015	Trauma Reports 16(1) - Carbon Monoxide and Cyanide Poisoning in Smoke Inhalation Victims	2.5
9/18/2015	Trauma Reports - 16(2) - Evaluation and Management of Traumatic Wounds	2.5
9/18/2015	Trauma Reports 15(6) - Blunt Pelvis Trauma	2.5
9/18/2015	Trauma Reports 15(5) - Crush Injuries	2.5
Total		18.5

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September 18, 2015

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Topics: Emergency Medicine, Trauma

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Topics: Emergency Medicine, Trauma

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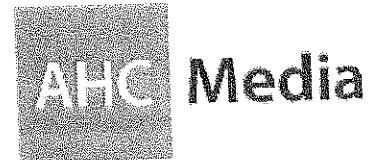
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Topics: Emergency Medicine, Trauma

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Topics: Trauma

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September 18, 2015

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Topics: Trauma

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Topics: Trauma

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September 21, 2015

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Topics: Trauma

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Chairman, CME Advisory Council
AHC Media

Secure Certificate ID: 2940672-tC344,2940672

297

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Original Issue: N/A
Reviewed: N/A
Last Revised: N/A
Expiration: N/A
Owner: Carrie Malone: Director of Trauma Services
Department/Scope: IPC.ERT
References:

Neurotrauma Diversion Plan

PURPOSE:

To predefine the care of the neurotrauma patient when the neurosurgeon on call is encumbered.

POLICY:

- I. Neurotrauma care will be continuously available for all traumatic brain injury (TBI) and spinal cord injury patients with the expectation that the neurosurgeon will respond within 30 minutes of being notified for the following criteria:
 - A. Spinal cord injuries with neurological deficits.
 - B. Traumatic brain injury (TBI) with GCS < 13.
 - C. Mass lesion in the brain.
 - D. At the request of the trauma surgeon.
- II. When the neurosurgeon on call is encumbered and unable to respond within 30 minutes upon request, the following contingency plan exists:
 - A. All trauma surgeons on the trauma service are credentialed to provide initial evaluation and stabilization of the neurotrauma patient.
 - B. Transfer agreements are in place with similar or higher-level verified trauma centers.
 1. Level 1 Trauma Centers
 - a. Eskenazi
 - b. IU Health Methodist
 - c. IU Health Riley (pediatrics)
 2. Level 2 Trauma Centers
 - a. St. Vincent's - Indianapolis
 - C. Notification of need to go on neurotrauma diversion.
 1. CEO
 2. Trauma Medical Director
 - D. Emergency Medical Services notification of neurosurgery advisory status/diversion.

1. Log time on and off neurotrauma diversion on the *Trauma Divert Tracking Log* maintained in the ED, as well as any patients diverted.
- E. Physician to physician direct contact with the accepting facility to arrange for expeditious transfer or ongoing monitoring support.
- F. PIPS
1. A thorough review of each instance must be performed by the trauma PIPS program.
 2. Practice of neurotrauma diversion/ use of contingency plan must be monitored for efficacy by the PIPS program.

REFERENCES

American College of Surgeons (2009). *Advanced Trauma Life Support* (9th ed.). Chicago, IL: American College of Surgeons.

American College of Surgeons (2014). *Resources for Optimal Care of the Injured Patient*. Chicago, IL: American College of Surgeons.

Attachments:

No Attachments

Current Status: Pending

PolicyStat ID: 1740419



Original Issue: N/A
Reviewed: N/A
Last Revised: N/A
Expiration: 3 years after approval
Owner: Carrie Malone: Director of Trauma Services
Department/Scope: IPC.ERT
References:

Trauma Transfer Guidelines

PURPOSE:

To identify the guidelines for consideration of transferring a patient from Terre Haute Regional Hospital to an appropriate Level I or II trauma center.

POLICY:

The patient will be transferred in the most appropriate, safest manner under the guidelines of EMTALA.

Transfers from Terre Haute Regional Hospital to an appropriate Level I or II trauma center will be done in accordance with this policy and will be conducted by mutual agreement of the transferring and receiving hospitals based upon transfer agreements following stabilization of life threatening injuries. No patient will ever be transferred without direct physician to physician contact.

1. No patient will be transferred that is hemodynamically unstable except for medical necessity and only after providing medical treatment within the facility's capacity.
2. Every effort will be made to expedite the decision to transfer within thirty (30) minutes of patient arrival or within 30 minutes once injuries are identified that exceed our capabilities.
3. The decision to transfer will be made solely on the patient's needs and not the ability to pay.
4. Once the decision to transfer is made, it will not be delayed by diagnostic testing.

All trauma surgeons are credentialed by Terre Haute Regional Hospital to provide initial evaluation and stabilization of the injured patient.

Terre Haute Regional Hospital maintains current transfer agreements with Level I Trauma Centers in Indianapolis including IU Health Methodist, Eskenazi, St. Vincents Indianapolis, and IU Health Riley Hospital for Children.

When need for transfer is determined, trauma surgeon will have direct contact with accepting facility to arrange for expeditious transfer or ongoing monitoring support.

Efficacy of the transfer process will be monitored by the trauma PIPS program.

PROCEDURE

- A. Identification of patients who require transfer

1. Orthopedics and Hand
 - a. High complexity pelvic fractures
 - b. Complex hand injuries requiring microvascular repair or reimplantation
2. Neurosurgery
 - a. When trauma center is on neurotrauma diversion; See policy *Neurotrauma Diversion Plan*
3. Burn injuries
 - a. Partial-thickness burns of > 10% BSA
 - b. Burns of the face, hands, feet, genitalia, perineum, or major joints
 - c. Full thickness burns in any age group
 - d. Electrical burns
 - e. Chemical burns
 - f. Inhalation/ingestion burn
 - g. Burns with concomitant trauma
 - h. Pediatric patients
4. Pediatric injuries
 - a. Any child 14 years old or younger that needs intensive care admission
 - b. Any child age 14 or younger with significant traumatic injury
 - c. Discretion of attending consulting pediatrician or family practitioner when comorbidities may be exacerbated by traumatic injury (i.e. asthmatic child with rib fractures and pulmonary contusion)
5. Ophthalmology
 - a. Complex ophthalmologic surgery
6. Microvascular
 - a. Neurovascular repair
- B. Identification of appropriate facilities for transfer
 1. IU Health Methodist
 - a. Any complex adult trauma case
 - b. Complex hand
 2. Eskenazi
 - a. Any complex adult trauma case
 - b. Complex hand
 - c. Adult burns
 - d. NO cardiovascular
 3. St. Vincents Indianapolis
 - a. Complex hand
 4. IU Health Riley

- a. All pediatric trauma and burns
- C. Methods for physician to physician communication between facilities
 - 1. HCA Transfer Center
 - 2. Receiving facility one-call trauma lines
 - 3. Relay of pertinent patient information
 - a. Patient injuries
 - b. Current treatment
 - 4. Agreement on transfer mode
- D. Transportation guidelines
 - 1. Air transport
 - a. Patients requiring time-sensitive, critical interventions
 - b. Patients with critical injuries or illnesses resulting in unstable vital signs
 - 2. Critical care ground transport
 - a. Patients with critical injuries or illnesses who require high-level care during transport, but do not have a time-sensitive critical illness or injury if such service is available and logistically feasible
 - 3. Ground transport
 - a. Patients who are hemodynamically stable
 - b. Patients with critical injuries or illnesses requiring emergent transfer when weather will not safely permit air transport
 - 4. Transport staff recommendations
 - a. All transports to an equal or higher level of care must have at least a paramedic and an EMT
 - b. For all transports that require the hanging of blood products, a registered nurse must accompany the EMS crew
- E. Documentation
 - 1. Transfer form with consent to transfer and facility contact info
 - 2. Face sheet
 - 3. Copies of patient record, x rays, CTs, etc
- F. Performance improvement
 - 1. A PIPS review will be performed on all transfers
 - 2. Trauma services will keep up to date contact information for local EMS and hospitals
 - 3. Process improvement information will be communicated by the trauma program to the referring EMS or hospital

REFERENCES:

American College of Surgeons (2014). *Resources for the Optimal Care of the Injured Patient*. Chicago, IL: American College of Surgeons.

American College of Surgeons Committee on Trauma (2002). *Inter-facility Transfer of Injured Patients: Guidelines for Rural Communities*. Chicago, IL: American College of Surgeons.

Floccare, D. J., Stuhlmiller, D. F. E., Braithwaite, S. A., Thomas, S. H., Madden, J. F. Hankins, D. G....Millin, M. G. (2013). Appropriate and safe utilization of helicopter emergency medical services: A joint position statement with resource document. *Prehospital Emergency Care*, 17(4), 521-525. doi: 10.3109/10903127.2013.804139

Thompson, D. P., & Thomas, S. H. (2003). Guidelines for air medical dispatch. *Prehospital Emergency Care*, 7(2), 265-271.

Attachments:

No Attachments

	Approver	Date
	Courtney Robison: Executive Administrative Assistant	pending

**TRANSFER AGREEMENT
BETWEEN
TERRE HAUTE REGIONAL HOSPITAL
AND
INDIANA UNIVERSITY HEALTH, INC.**

THIS AGREEMENT is entered into, by and between Terre Haute Regional Hospital, L.P., an Indiana hospital (hereinafter "HOSPITAL"), and Indiana University Health, Inc., an Indiana nonprofit corporation (hereinafter "IU Health").

WHEREAS, HOSPITAL is the owner and operator of a hospital with facilities located at 3901 South 7th Street, Terre Haute, Indiana 47802;

WHEREAS, the IU Health Academic Health Center in Indianapolis, Indiana includes IU Methodist Hospital, Riley Hospital for Children and IU University Hospital, a Level I adult trauma center at IU Methodist Hospital, a Level I pediatric trauma center at Riley Hospital, specialized research and teaching institutions, physician group practices and clinics, and other organizations related to the delivery and management of health care services; and

WHEREAS, HOSPITAL wishes to maintain a written agreement with IU Health for timely transfer of patients, including trauma patients, between their facilities;

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

- I. Autonomy. The parties agree that each shall continue to have the exclusive control of the management, business and properties of their respective facilities, and neither party by virtue of this Agreement assumes any liability for any debts or obligations of the other party to the Agreement.
- II. Transfer of Patients. Whenever a transfer of a patient from HOSPITAL to IU Health is determined by medical staff at HOSPITAL to be medically necessary and appropriate, HOSPITAL shall notify IU Health of the proposed transfer request and provide such medical and personal patient information as necessary and appropriate to assist IU Health in evaluating and assuming the medical care of the patient upon patient's arrival. IU Health and HOSPITAL shall develop and adhere to any necessary protocols to facilitate such communication and transfer. HOSPITAL shall give notice to IU Health as far in advance as reasonably possible of a proposed transfer. HOSPITAL shall arrange for transportation of the patient. IU Health shall not be responsible for the notification and the safe transfer of the patient to the applicable IU Health facility except to the extent that IU Health is actually involved in providing the transport service.
- III. Admission Priorities. Admissions to IU Health shall be in accordance with IU Health's general admission policies and procedures and in accordance with IU Health's Medical Staff Bylaws and Rules and Regulations. IU Health is not required to give priority of admission to patients to be transferred from

HOSPITAL over patients from other transferring facilities. IU Health reserves the right to decline acceptance of a HOSPITAL patient transfer if IU Health is on diversion or otherwise does not have appropriate, available resources to treat the patient.

- IV. Medicare Participation. During the term of this Agreement, and any extensions thereof, HOSPITAL and IU Health agree to meet and maintain all necessary Medicare Conditions of Participation and coverage so as to remain approved providers thereunder. HOSPITAL and IU Health shall each be responsible for complying with all applicable federal and state laws.
- V. Compliance. HOSPITAL and IU Health agree that any services provided under this Agreement will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to IU Health and/or HOSPITAL, including, but not limited, to regulations promulgated under Title II, Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-91) - "HIPAA" and Title XVIII, Part D of the Social Security Act (42 U.S.C. § 1395dd) - "EMTALA". Furthermore, HOSPITAL and IU Health shall promptly amend the Agreement to conform with any new or revised legislation, rules and regulations to which HOSPITAL and/or IU Health is subject now or in the future including, without limitation, the Standards of Privacy of Individually Identifiable Health Information or similar legislation (collectively, "Laws") in order to ensure that HOSPITAL and IU Health are at all times in conformance with all Laws. If, within ninety (90) days of either party first providing notice to the other of the need to amend the Agreement to comply with Laws, the parties acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to the requirements are not feasible, then either party may terminate this Agreement immediately.
- VI. Interchange of Information and Medical Records. HOSPITAL and IU Health agree to transfer medical and other information and medical records which may be necessary or useful in the care and treatment of patients transferred hereunder as required and permitted by all applicable federal and state laws. Such information shall be provided by HOSPITAL and IU Health in advance, when possible, and where permitted by applicable law. HOSPITAL shall commit to subscribing to a spoke connection to the IU Health Radiology Cloud in order to enhance the timely transmission and reading of diagnostic images at IU Health for transferred patients, particularly trauma patients.
- VII. Consent to Medical Treatment. To the extent available, HOSPITAL agrees to provide IU Health with information and assistance, which may be needed by, or helpful to, IU Health in securing consent for medical treatment for the patient.
- VIII. Transfer of Personal Effects and Valuables. Procedures for effecting the transfer of personal effects and valuables of patients shall be developed by the parties and subject to the instructions of the attending physician and of the patient and his or

her family where appropriate. A standard form shall be adopted and used for documenting the transfer of the patient's personal effects and valuables. HOSPITAL shall be responsible for all personal effects and valuables until such time as possession is accepted by IU Health.

- IX. Financial Arrangements. Each party shall each be responsible for billing and collecting for the services which it provides to the patient transferred hereunder from the patient, third party payor or other sources normally billed by each institution. Neither party shall assume any liability by virtue of this Agreement for any debts or other obligations incurred by the other party to this Agreement.
- X. Return Transfer of Patients. HOSPITAL will accept transferred patients back from IU Health when medically appropriate and in the best interests of the patient.
- XI. Professional and General Liability Coverage. Throughout the term of this Agreement and for any extension(s) thereof, HOSPITAL and IU Health shall each maintain professional and general liability insurance coverage with limits reasonably acceptable to the other party. Each party shall provide the other party with proof of such coverage upon request. HOSPITAL and IU Health shall each maintain qualification as a qualified health care provider under the Indiana Medical Malpractice Act, as amended from time to time, including, but not limited to, proof of financial responsibility and payment of surcharge assessed on all health care providers. Each party shall provide the other party with proof of such qualification upon request.
- XII. Indemnification.
- 12.1. HOSPITAL Indemnification. HOSPITAL agrees that it will indemnify and hold harmless IU Health, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of bodily injury, property damage, or both of whatsoever nature or kind, arising out of or as a result of the sole negligent act or negligent failure to act of HOSPITAL or any of its agents or employees.
- 12.2. IU Health Indemnification. IU Health agrees that it will indemnify and hold harmless HOSPITAL, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of personal injury or property damage of whatsoever nature or kind, arising out of or as a result of the sole negligent act or failure to act of IU Health or any of its employees or agents.
- XIII. Term and Termination.
- 13.1. Term. The term of this Agreement is for a period of one (1) year from the date hereof, with an automatic renewal of successive one (1) year periods unless on or before sixty (60) calendar days prior to the expiration of the annual term, one party notifies the other, in writing, that the Agreement is

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not to be renewed, in which event the Agreement will be terminated at the expiration of the then current annual term.

13.2. Termination.

13.2-1 Either party may terminate this Agreement with or without cause at any time by providing written notice to the other party at least sixty (60) days in advance of the desired termination date.

13.2-2 The Agreement shall terminate immediately and automatically if (i) either IU Health or HOSPITAL has any license revoked, suspended, or nonrenewed; or (ii) either party's agreement with the Secretary of Health and Human Services under the Medicare Act is terminated.

13.2-3 Except as provided for elsewhere in this Agreement, either party may declare this Agreement terminated if the other party does not cure a default or breach of this Agreement within thirty (30) calendar days after receipt by the breaching party of written notice thereof from the other party.

XIV. Notices. Notices or communication herein required or permitted shall be given the respective parties by registered or certified mail, documented courier service delivery or by hand delivery at the following addresses unless either party shall otherwise designate its new address by written notice:

HOSPITAL

Terre Haute Regional Hospital, L.P.
3901 South 7th Street
Terre Haute, IN 47802

Attention: President/CEO

IU Health

Indiana University Health, Inc.
340 West 10th Street, Suite 6100
Indianapolis, IN 46206-1367

Attention: President/CEO
General Counsel

XV. Assignment. Assignments of this Agreement or the rights or obligations hereunder shall be invalid without the specific written consent of the other party herein.

XVI. Nonexclusive Clause. This is not an exclusive Agreement and either party may contract with other institutions for the transfer of patients while this Agreement is in effect.

XVII. Governing Law. This Agreement shall be construed and governed by the laws of the State of Indiana. The venue for any disputes arising out of this Agreement shall be Marion County, Indiana.

XVIII. Waiver. The failure of either party to insist in any one or more instance upon the strict performance of any of the terms or provisions of this Agreement by the other party shall not be construed as a waiver or relinquishment for the future of any such term or provision, but the same shall continue in full force and effect.

XIX. Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be unenforceable, invalid or illegal, such unenforceability, invalidity or illegality shall not affect any other provision hereof, and this Agreement shall be construed as if such provision had never been contained herein.

XX. Section and Other Headings. The article and other headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

XXI. Amendments. This Agreement may be amended only by an instrument in writing signed by the parties hereto.

XXII. Entire Agreement. This Agreement is the entire Agreement between the parties and may be amended or modified only by a written amendment hereto duly executed by both parties.

XXIII. Execution. This Agreement and any amendments thereto shall be executed in duplicate copies on behalf of HOSPITAL and IU Health by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

IN WITNESS WHEREOF, the duly authorized officers and representatives of HOSPITAL and IU Health have executed this Agreement the 4th day of September, 2013.

HOSPITAL:

TERRE HAUTE REGIONAL HOSPITAL

By: Mary Ann Conroy
Mary Ann Conroy

Title: Chief Executive Officer

AND

IU HEALTH:

INDIANA UNIVERSITY HEALTH, INC.

By: James R. Sullivan
Title: President

PATIENT TRANSFER AGREEMENT

This Patient Transfer Agreement ("Agreement") is between the Health and Hospital Corporation of Marion County d/b/a Wishard Health Services ("Wishard/Eskenazi"), and Terre Haute Regional Hospital, L.P. ("Terre Haute"). Wishard/Eskenazi and Terre Haute are collectively referred to as "Institutions."

Whereas, Wishard/Eskenazi is a comprehensive public health care system with facilities and services including a hospital, outpatient clinics, inpatient and outpatient mental health services, Level I Trauma Center and the Richard M. Fairbanks Burn Center;

Whereas, Terre Haute is an acute care hospital and desires to enter into an agreement to facilitate the transfer of burn patients to the Richard M. Fairbanks Burn Center;

Whereas, Wishard/Eskenazi and Terre Haute have determined that it would be in the best interests of patient care and would promote the optimum use of facilities to enter into a transfer agreement for transfer of patients between the respective Institutions;

Now, therefore, Wishard/Eskenazi and Terre Haute therefore agree as follows:

1. *Term.* This Agreement shall become effective beginning July 1, 2013 ("Effective Date") and shall remain in effect for a period of one year from the Effective Date, upon which date the Agreement will automatically renew for additional one-year periods.

2. *Purpose of Agreement.* Each Institution agrees to transfer to the other Institution and to receive from the other Institution patients in need of the care provided by their respective Institutions for the purpose of providing improved patient care and continuity of patient care.

3. *Patient Transfer to Wishard/Eskenazi.* The request for transfer of a patient from Terre Haute to Wishard/Eskenazi shall be initiated by the patient's attending physician. Any authorized member of Wishard/Eskenazi's medical staff may authorize a transfer when the patient in question needs Level I Trauma Services or the services of the Burn Unit if Wishard/Eskenazi has an appropriate bed available and is not on diversion. All other Terre Haute requests for patient transfers to Wishard/Eskenazi Health shall be referred to the Bed Control Coordinator/House Supervisor. Prior to moving the patient, Terre Haute must receive confirmation from Wishard/Eskenazi that it can accept the patient, and there must be direct communication between the referring and receiving physician. Patients shall be delivered to the Wishard/Eskenazi Emergency Department.

4. *Patient Transfer to Terre Haute.* The request for transfer of a patient from Wishard/Eskenazi to Terre Haute shall be initiated by the patient's attending physician. Any authorized member of Terre Haute's medical staff may authorize a

transfer if Terre Haute has an appropriate bed available and is not on diversion. Prior to moving the patient, Wishard/Eskenazi must receive confirmation from Terre Haute that it can accept the patient, and there must be direct communication between the referring and receiving physician. Patients shall be delivered to Terre Haute's Emergency Department.

5. *Patient Records and Personal Effects.* Each of the Institutions agrees to adopt standard forms of medical and administrative information to accompany the patient from one Institution to the other. The information shall include, when appropriate, the following:

- A. Patient's name, address, hospital number, and age; name, address, and telephone number of the patient's legal guardian (if applicable);
- B. Patient's third-party billing data;
- C. History of the injury or illness;
- D. Condition on admission;
- E. Vital signs prehospital, during stay in emergency department, and at time of transfer;
- F. Treatment provided to patient; including medications given and route of administration;
- G. Laboratory and X-ray findings, including films;
- H. Fluids given, by type and volume;
- I. Name, address, and phone number of physician referring patient;
- J. Name of physician in receiving Institution to whom patient is to be transferred; and
- K. Name of physician at receiving Institution who has been contacted about patient.
- L. Specialized needs and dietary restrictions.

Each Institution shall supplement the above information as necessary for the maintenance of the patient during transport and treatment upon arrival at the receiving Institution, and the Institutions shall work together to reduce repetition of diagnostic tests. Transfers of Protected Health Information (PHI) shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and of the Health

Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH Act").

In addition, each Institution agrees to adopt a standard form to inventory a patient's personal effects and valuables that shall accompany the patient during transfer. The records described above shall be placed in the custody of the person in charge of the transporting medium who shall sign a receipt for the medical records and the patient's valuables and personal effects and in turn shall obtain a receipt from the receiving Institution when it receives the records and the patient's valuables and personal effects. The transferring Institution shall bear responsibility for the loss of the patient's personal effects and valuables unless it can produce an authorized receipt for the personal effects and valuables from the accepting Institution.

6. *EMTALA Compliance and Transfer Consent.* The transferring Institution shall have responsibility for meeting the requirements for an "appropriate transfer" under the Emergency Medical Treatment and Active Labor Act (EMTALA), if applicable. The transferring Institution is responsible for obtaining the patient's consent to the transfer to the other Institution prior to the transfer, if the patient is competent. If the patient is not competent, the transferring Institution shall obtain a family member's consent; if such consent is not possible, the consent of the patient's physician shall be obtained by the transferring Institution.

7. *Payment for Services.* The patient is primarily responsible for payment for care received at either Institution. Each Institution shall be responsible only for collecting its own payment for services rendered to the patient. No clause of this Agreement shall be interpreted to authorize either Institution to look to the other Institution to pay for services rendered to a patient transferred by virtue of this Agreement, except to the extent that such liability would exist separate and apart from this Agreement.

8. *Transportation of Patient.* The transferring Institution shall have responsibility for arranging transportation of the patient to the other Institution, including selection of the mode of transportation and providing appropriate health care practitioner(s) to accompany the patient if necessary. The receiving Institution's responsibility for the patient's care shall begin when the patient is admitted, either as an inpatient or an outpatient, to that Institution.

9. *Advertising and Public Relations.* Neither Institution shall use the name of the other Institution in any promotional or advertising material unless review and approval of the intended advertisement first shall be obtained from the party whose name is to be used. Both Institutions shall deal with each other publicly and privately in an atmosphere of mutual respect and support, and each Institution shall maintain good public and patient relations and efficiently handle complaints and inquires with respect to transferred or transferring patients:

10. *Independent Contractor Status.* Both Institutions are independent contractors. Neither Institution is authorized or permitted to act as an agent or employee of the other. Nothing in this Agreement shall in any way alter the freedom enjoyed by either Institution, nor shall it in any way alter the control of the management, assets, and affairs of the respective Institutions. Neither party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or a legal nature incurred by the other party to this Agreement.

11. *Liability.* Terre Haute shall save, indemnify, and hold Wishard/Eskenazi harmless of and from any and all liability, loss, costs, and expenses incurred directly or indirectly from any acts, errors, or omissions by Terre Haute, its agents, employees or invitees from any cause arising out of or relating to Terre Haute's performance under this Agreement.

Wishard/Eskenazi shall save, indemnify, and hold Wishard/Eskenazi harmless of and from any and all liability, loss, costs, and expenses incurred directly or indirectly from any acts, errors, or omissions by Wishard/Eskenazi, its agents, employees or invitees from any cause arising out of or relating to Wishard/Eskenazi Health's performance under this Agreement.

Any obligation of Wishard/Eskenazi Health to save and hold Terre Haute harmless is limited in substance by statutes designed to protect and limit the exposure and liability of Wishard/Eskenazi as an instrumentality of the State of Indiana under the Indiana Tort Claims Act and as a qualified health care provider under the Indiana Medical Malpractice Act.

12. *Exclusion.* Institutions represent and warrant that the Institution, its employees, directors, officers, subcontractors, and agents are not under sanction and/or have not been excluded from participation in any federal or state program, including Medicare or Medicaid.

13. *Insurance.* Each Institution shall maintain at all times throughout the term of this Agreement commercially reasonable insurance, including but not limited to, comprehensive general liability insurance, professional liability insurance, and property damage insurance. Upon request, each Institution shall provide the other with written documentation evidencing such insurance coverage.

14. *Termination.*

A. *Voluntary Termination.* This Agreement shall be terminated by either party for any reason, by giving thirty (30) days' written notice of its intention to withdraw from this Agreement, and by ensuring the continuity of care to patients who already are involved in the transfer process. To this end, the terminating party will be required to meet its commitments under the Agreement to all patients for whom the other party has begun the transfer process in good faith.

B. *Involuntary Termination.* This Agreement shall be terminated immediately upon the occurrence of any of the following:

1. Either Institution is destroyed to such an extent that the patient care provided by such Institution cannot be carried out adequately;
2. Either Institution loses its license or accreditation;
3. Either Institution no longer is able to provide the service for which this Agreement was sought; and
4. Either Institution is in default under any of the terms of this Agreement.
5. Either Institution have been debarred, excluded or otherwise determined ineligible from participation in any federal or state program, including Medicare and Medicaid.

14. *Nonwaiver.* No waiver of any term or condition of this Agreement by either party shall be deemed a continuing or further waiver of the same term or condition or a waiver of any other term or condition of this Agreement.

15. *Governing Law.* This Agreement is governed by the laws of the State of Indiana. Any litigation arising out of this Agreement shall be brought in a court located in Marion County, Indiana.

16. *Assignment.* This Agreement shall not be assigned in whole or in part by either party without the express written consent of the other party.

17. *Invalid Provision.* In the event that any portion of this Agreement shall be determined to be invalid or unenforceable, the remainder of this Agreement shall be deemed to continue to be binding upon the parties in the same manner as if the invalid or unenforceable provision were not a part of this Agreement.

18. *Amendment.* This Agreement may be amended at any time by a written agreement signed by the parties.

19. *Notice.* Any notice required or allowed to be given under this Agreement shall be deemed to have been given upon deposit in the United States mail, registered or certified, with return receipt requested. Any and all notices are to be addressed as follows:

WISHARD/ESKENAZI:

Attn: Wishard/Eskenazi Health
1001 W. 10th Street
Indianapolis, IN 46202

TERRE HAUTE:

Attn: Mary Ann Conroy, CEO
Terre Haute Regional Hospital
3901 South Seventh Street
Terre Haute, IN 47802

COPY TO:

Attn: Kelly Duggan, Operations Counsel
One Park Plaza,
P.O. Box 550
Nashville, TN 37202-0550

20. *Entire Agreement.* This Agreement constitutes the entire agreement between the parties and contains all of the agreements between them with respect to its subject matter and supersedes any and all other agreements, either oral or in writing, between the parties to the Agreement with respect to the subject matter of this Agreement.

21. *Binding Agreement.* This Agreement shall be binding upon the successors or assigns of the parties.

22. *Authorization for Agreement.* The execution and performance of this Agreement by each Institution has been duly authorized by all necessary laws, resolutions, or corporate actions, and this Agreement constitutes the valid and enforceable obligations of each Institution in accordance with its terms.

Wishard/Eskenazi and Terre Haute are each signing this Agreement on the date stated below that party's signature.

THE HEALTH AND HOSPITAL
CORPORATION OF MARION
COUNTY D/B/A WISHARD
HEALTH SERVICES

TERRE HAUTE REGIONAL
HOSPITAL, L.P.



Lisa Harris, CEO and Medical Director

Date: 6/27/13



Mary Ann Conroy, CEO

Date: 6/27/13

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TRANSFER AGREEMENT

THIS AGREEMENT made and entered into by and between **ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC.**, an Indiana nonprofit corporation, (hereinafter "Hospital") and **TERRE HAUTE REGIONAL HOSPITAL, L.P.** (hereinafter "Facility").

WITNESSETH:

WHEREAS, Hospital is the owner and operator of a general, acute care hospital known as St. Vincent Hospital and Health Care Center, Inc., with facilities in Indianapolis, Indiana, and in which there is located an emergency department, medical and surgical services and outpatient services; and

WHEREAS, Facility is the owner and operator of a surgery center licensed by the Indiana State Board of Health for certain health care services and is certified for Medicaid and Medicare reimbursement; and

WHEREAS, Medicare and State Regulations require that Facility maintain a written agreement with a hospital in close proximity for timely admission of patients who develop complications or require inpatient medical treatment; and

WHEREAS, both parties to this Agreement desire to assure continuity of care and treatment appropriate to the needs of each patient in Facility and the Hospital; and

WHEREAS, Hospital is in close proximity to Facility;

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

I. AUTONOMY

The parties agree that each shall continue to have the exclusive control of the management, business and properties of their respective institutions, and neither party by virtue of this Agreement assumes any liability for any debts or obligations of the other party to the Agreement.

II. TRANSFER OF PATIENTS

2.1 Transfer of Patient to Hospital. Whenever the attending physician or surgeon of a patient determines that a transfer of a patient from Facility to Hospital is medically necessary and appropriate, Facility shall take whatever steps are reasonably necessary to effect a transfer of a patient to the Hospital as promptly as possible. Facility shall give notice to the Hospital as far in advance as possible of an impending transfer. Facility shall arrange for transportation of the patient. Responsibility for notification and the safe transfer of the patient shall be that of Facility.

2.2 Facility will make its best effort to notify the appropriate Hospital department regarding the patient's need for assistance upon arrival at Hospital, prior to patient's transport.

III. ADMISSION PRIORITIES

Admissions to the Hospital shall be in accordance with its general admission policies and procedures and in accordance with the Medical Staff Bylaws and rules and regulations.

Nothing in this Agreement shall be construed to require the Hospital to give priority of admission to patients being transferred from Facility.

IV. MEDICARE PARTICIPATION

During the term of this Agreement, and any extensions thereof, Facility agrees to meet and maintain all necessary Medicare Conditions of Participation and coverage so as to remain an approved provider thereunder. Facility shall be responsible for complying with all applicable federal and state laws. In addition, Facility agrees to maintain all licensure requirements promulgated by the Indiana State Department of Health.

V. INTERCHANGE OF INFORMATION AND MEDICAL RECORDS

Facility and Hospital agree to transfer medical and other information and medical records which may be necessary or useful in the care and treatment of patients transferred hereunder as required and permitted by all applicable federal and state laws. Such information shall be provided by Facility and Hospital in advance, where possible, and in any event at the time of the transfer, and shall be recorded on a transferal and referral form which shall be mutually agreed upon by the parties.

VI. CONSENT TO MEDICAL TREATMENT

Facility agrees to provide the Hospital with information which may be needed by, or helpful to, the Hospital in securing consent for medical treatment for the patient.

VII. TRANSFER OF PERSONAL EFFECTS AND VALUABLES

Procedures for effecting the transfer of personal effects and valuables of patients shall be developed by the parties. A standard form shall be adopted and used for effecting the transfer of the patient's personal effects and valuables.

VIII. FINANCIAL ARRANGEMENTS

Each party shall be responsible for collecting for its services to the patients transferred hereunder. Charges for inpatient services performed by Hospital will be collected by the Hospital from the patient. The Facility, not the Hospital, shall be responsible for an explanation of charges, insurance coverage and patient financial liability for Services incurred at the Facility.

IX. PROFESSIONAL LIABILITY

Throughout the term of this Agreement and for any extension(s) thereof, Facility shall qualify as a health care provider as defined under the Indiana Medical Malpractice Act (I.C. 34-18) and maintain professional liability insurance coverage with the limits as required therein. Facility shall provide Hospital with proof of such coverage upon request.

X. INDEMNIFICATION

- 10.1 Facility Indemnification. Facility agrees that it will indemnify and hold harmless the Hospital, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of bodily injury, property damage, or both of whatsoever nature or kind, arising out of or as a result of the sole negligent act or negligent failure to act of Facility or any of its agents or employees.
- 10.2 Hospital Indemnification. The Hospital agrees that it will indemnify and hold harmless Facility, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of personal injury or property damage of whatsoever nature or kind, arising out of or as a result of the sole negligent act or failure to act of the Hospital, its employees or agents or arising out of the failure of equipment or the malfunction of equipment owned and maintained by the Hospital so long as the malfunction or failure is not caused by the negligence of Facility or its agents or employees.

XI. TERM AND TERMINATION

- 11.1 The term of this Agreement is for a period of one (1) year, commencing November 1, 2007, and it shall be considered to be automatically renewed for successive one (1) year terms unless on or before sixty (60) days from the expiration of an annual term one party notifies the other, in writing, that the Agreement is not to be renewed, in which event the Agreement shall terminate at the expiration of the then current term. Notwithstanding the provisions of the just preceding sentence, this Agreement shall terminate upon the giving of ninety (90) days written notice to the other party of its intention to terminate the Agreement and the Agreement shall further terminate immediately and automatically if:
- 11.1-1 Either the Hospital or Facility has its license issued to it by the State of Indiana revoked, suspended, or nonrenewed; or
- 11.1-2 Either party's agreement with the Secretary of Health and Human Services under the Medicare Acts is terminated.
- 11.2 During the term of this Agreement, Facility shall notify Hospital regarding: (1) Facility ownership change; (2) Facility name change; or (3) an appointment of a new Administrator and/or Hospital-Facility liaison person, as soon as practicable after the change.

XII. CORPORATE RESPONSIBILITY

Corporate Responsibility. Hospital has in place a Corporate Compliance Program ("Program") which has as its goal to ensure that the Hospital complies with federal, state and local laws and regulations. The Program focuses on risk management, the promotion of good corporate citizenship, including the commitment to uphold a high standard of ethical and legal business practices, and the prevention of misconduct. Facility acknowledges Hospital's commitment to corporate compliance and agrees to conduct all business transactions which occur pursuant to this Agreement in accordance with the underlying philosophy of corporate compliance adopted by Hospital. Facility shall acknowledge and respect the freedom of patients to participate in health care decision-

making, and shall honor patient choice in the selection of health care providers. Facility further agrees to disclose immediately any proposed or actual debarment, exclusion or other event that makes Facility ineligible to participate in Federal health care programs or Federal procurement or non-procurement programs.

XIII. ETHICAL AND RELIGIOUS DIRECTIVES

- 13.1 Intention of Parties. The parties acknowledge that Hospital is a member of Ascension Health and the operation of Hospital in accordance with the Ethical and Religious Directives and the principles and beliefs of the Roman Catholic Church is a matter of conscience to Hospital. It is the intent and agreement of the parties that neither this Agreement nor any part hereof shall be construed to require Hospital to violate said Ethical and Religious Directives in its operation and all parts of this Agreement must be interpreted in a manner that is consistent with said Ethical and Religious Directives.
- 13.2 Ethical and Religious Directives. "Ethical and Religious Directives" shall be defined as Ethical and Religious Directives for Catholic Health Care Services as promulgated, from time to time, by the United States Conference of Catholic Bishops, Washington, D.C. of the Roman Catholic Church and as adopted by the Archbishop of Indianapolis, a copy of the current Directives being attached hereto, marked Exhibit "A," and made a part hereof. In the event that the United States Conference of Catholic Bishops shall cease to exist, "Ethical and Religious Directives" shall mean such similar directives promulgated by its successor organization or by such organization then exercising its powers and duties, or by the Roman Catholic Church, and in the event the Archdiocese of Indianapolis shall cease to exist so that there is not then an individual bearing the title of Archbishop of Indianapolis, such "Ethical and Religious Directives" shall be those as are adopted by the individual or organization then exercising the power, duties and authority of the Archbishop of Indianapolis.
- 13.3 Operation of Hospital. The Hospital shall continue to operate in substantially the same manner as it is being operated on the date hereof.

XIV. ADVERTISING AND PUBLICITY

Neither party shall use the name of the other party in any promotional or advertising material unless review and approval of the intended use is first obtained, in writing, from the party whose name is to be used.

XV. NOTICES

Notices or communication herein required or permitted shall be given the respective parties by registered or certified mail (said notice being deemed given as of the date of mailing) or by hand delivery at the following addresses unless either party shall otherwise designate its new address by written notice:

FACILITY

Terre Haute Regional Hospital, L.P.
3901 South 7th Street
Terre Haute, IN 47802

HOSPITAL

Kyle DeFur
President
St. Vincent Hospital and
Health Care Center, Inc.

2001 West 86th Street
Indianapolis, IN 46260

Copy to:

St. Vincent Contract Management
8402 Harcourt Road, Suite 823
Indianapolis, IN 46260

XVI. REGULATORY COMPLIANCE

The parties will operate at all times in compliance with federal, state, and local laws, rules and regulations, the policies, rules and regulations of the parties, and the applicable standards of the Joint Commission on the Accreditation of Healthcare Organizations.

XVII. HIPAA COMPLIANCE

HIPAA Compliance. Each party agrees that it will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to privacy, security and electronic transactions, including without limitation, regulations promulgated under Title II Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-191) ("HIPAA"). Furthermore, the parties shall promptly amend the Agreement to conform with any new or revised legislation, rules and regulations to which Hospital is subject now or in the future including, without limitation, the Standards for Privacy of Individually Identifiable Health Information or similar legislation (collectively, "Laws") in order to ensure that Hospital is at all times in conformance with all Laws. If, within thirty (30) days of either party first providing notice to the other of the need to amend the Agreement to comply with Laws, the parties, acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to the requirements are not feasible, then either party may terminate this Agreement upon thirty (30) days prior written notice.

XVIII. ASSIGNMENT

Assignments of this Agreement or the rights or obligations hereunder shall be invalid without the specific written consent of the other party herein, except that this Agreement may be assigned by the Hospital without the written approval of Facility to any successor entity operating the facility now operated by the Hospital or to a related organization.

XIX. GOVERNING LAW

This Agreement shall be construed and governed by the laws of Indiana.

XX. AMENDMENTS

This Agreement may be amended only by an instrument in writing signed by the parties hereto.

XXI. NON-EXCLUSIVE

Nothing in this Agreement shall be construed as limiting the rights of either party to affiliate or contract with any other hospital or facility on either a limited or general basis while this Agreement is in effect.

XXII. ENTIRE AGREEMENT

This Agreement is the entire agreement between the parties and may be amended or modified only by a written amendment hereto duly executed by both parties.

XXIII. EXECUTION

This Agreement and any amendments thereto shall be executed in duplicate copies on behalf of the Hospital and Facility by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

IN WITNESS WHEREOF, the duly authorized representatives of the Hospital and Facility have executed this Agreement the dates written below.

ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC.

By: _____

Kyle DeFur
President

Date: _____

1-23-08

FACILITY

By: _____

Christopher Hill
Chief Executive Officer

Date: _____

7 JAN 2008

EXHIBIT "A"
ETHICAL AND RELIGIOUS DIRECTIVES

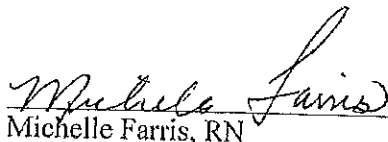


**Terre Haute Regional Hospital
Trauma Operating Room,
Staff and Equipment**

Terre Haute Regional Hospital's Operating Room is committed to providing care to the injured patient by providing staff in the hospital, 24 hours a day, 7 days a week. A back-up call team is also available promptly, with a 30 minute maximum response time. Anesthesia services are available in the hospital 24 hours a day, 7 days a week. Anesthesiologists are in house or promptly available within 30 minutes for emergent cases.

The following equipment is available in the OR:

- Hotline Fluid Warmers
- Level 1 Rapid Infusers
- Bair Hugger
- Suction equipment
- Emergency case carts for AAA, and open heart cases
- Rolling carts with chest instrumentation, invasive lines, and additional instruments and supplies
- Set ups for open heart surgeries
- Set ups for general emergency surgeries
- Intraoperative radiologic capabilities
- Equipment for fracture fixation
- Bronchoscopy
- Gastrointestinal endoscopy
- Navigation equipment
- Operating microscope
- Surgical equipment to perform craniotomies
- Cardiopulmonary bypass equipment


Michelle Farris, RN

Director of Surgical Services
Terre Haute Regional Hospital

8/28/15
Date

SAMUEL A. MORGOS, M.D.

EDUCATION and TRAINING

07/2002 – 06/2005	Anesthesiology Residency – University of Toledo (formerly Medical College of Ohio), Toledo, Ohio
07/2001 - 06/2002	General Surgery Internship - University of Kentucky, Lexington
12/1995 - 11/1997	General Surgery Residency - University of Khartoum, Sudan
07/1992 - 07/1994	Internship - Ministry of Health, Sudan
10/1984 - 06/1992	Medical School - University of Khartoum, Sudan

QUALIFICATION and CERTIFICATION

11/2013	Certificate in Business Administration Program - American Society of Anesthesiologists
10/2010	Diplomate of Advanced Perioperative Transesophageal Echocardiography - National Board of Echocardiography
09/2007	Diplomate of Anesthesiology - American Board of Anesthesiology
02/2001	Certification, Educational Commission for Foreign Medical Graduates (ECFMG)
03/1996	Diploma of Hospital Administration, Sudan Academy for Administrative Sciences
06/1992	Bachelor of Medicine and Surgery (MBBS), University of Khartoum, Sudan

PROFFESIONAL EXPERIENCE and APPOINTMENTS

07/2015 - Current	Director of Trauma Anesthesia - Terre Haute Regional Hospital, Terre Haute, Indiana.
04/2015 - Current	Staff Anesthesiologist - Terre Haute Regional Hospital, Terre Haute, Indiana - Employed by Emcare.
09/2008 – 05/2014	Assistant Clinical Professor of Anesthesiology and Perioperative Medicine, University of Louisville, Louisville, Kentucky
11/2012 – 07/2013	Director of Quality - Department of Anesthesiology, Jewish Hospital Medical Center, Louisville, Kentucky
05/2007 – 05/2014	Anesthesiologist - Jewish Hospital Medical Center, Louisville, Kentucky - Medical Center Anesthesiologists, KentuckyOne Medical Group,.
02/2006 – 04/2007	Anesthesiologist - Shands at AGH Hospital, Gainesville, Florida

Samuel Morgos -

- 07/2005 – 02/2006 Anesthesiologist - Medical Anesthesia and Pain Management Consultants, Lee Memorial Health System, Fort Myers, Florida
- 06/1995 - 11/1995 Medical Director - Emergency Department, Khartoum Teaching Hospital, Sudan
- 07/1994 - 05/1995 Medical Officer - General and Trauma Surgery - Khartoum Teaching Hospital, Sudan

ANESTHESIA LOCUMS and SHORT-TERM APPOINTMENTS

- 2008 06/16-06/20, 09/29-10/03, 10/13-10-17 & 11/24-11/28: King Daughters Medical Center, Ashland, KY.
(Locums Company: Medical Doctors Associates)
- 2009 01/05-01/09: King Daughters Medical Center, Ashland, KY
(Locums Company: Medical Doctors Associates)
06/29-07/03: Pikeville Medical Center, Pikeville KY
(Locums Company: Medical Doctors Associates)
- 2010 07/26-07/30: King Daughters Medical Center, Ashland, KY.
(Locums Company: Medical Doctors Associates)
- 2011 01/03-01/14 & 06/06-06/10: King Daughters Medical Center, Ashland, KY.
(Locums Company: Medical Doctors Associates)
- 2013 06/17-06/20 & 08/05-08/08: King Daughters Medical Center, Ashland, KY.
(Locums Company: Medical Doctors Associates)
- 2014 04/15-04/25: Promedica Memorial Hospital, Fremont, OH.
(Locums Company: Medical Doctors Associates)
05/26-06/13: South Bend Specialty Surgery Center, Munster, IN.
(Locums Company: Weatherby)
06/16-12/19: Terre Haute Regional Hospital, Terre Haute, IN.
(Locums Company: StaffCare)
- 2014-2015 12/28/14-03/02/15: Staff Anesthesiologist - Mount Carmel West Hospital, Columbus, Ohio - Independent Contractor with Premier Anesthesia

OTHER EXPERIENCES

- 12/1999 - 06/2001 Surgical Technologist, Porter Adventist Hospital, Denver, Colorado.
(Awaiting ECFMG certification and residency appointment)
- 12/1997 - 12/1999 Political Asylum in Egypt and Resettlement in USA

Samuel Morgos

RESEARCH AND PUBLICATIONS

Huang, Jiapeng M.D., Ph.D., F.A.S.E.; Pagni, Sebastian M.D.; Bouvette, Michael J. M.D.; Zhou, Jing M.S.N.A., C.R.N.A.; **Morgos, Samuel M.D.**; Dodwani, Kishin M.D. Traumatic Atrial Septal Defect and Coronary Sinus to Left Atrium Fistula from Coronary Sinus Pacing Lead Removal. *Anesthesiology*. 2010 Aug;113(2):496-8

Casabianca AB, Bhatt SB, Lopez JG, **Morgos SA**, Papadimos TJ. Intraoperative identification of both a paradoxical embolism and its probable etiologic site. *J Clin Anesth*. 2006 Feb;18(1):46-9

Morgos S, Bhatt S, Nigrovic V, Kohl J. The time to peak submaximal neuromuscular block (NMB) following the administration of low doses of nondepolarizing muscle relaxants. *Midwest Anesthesiology Residents Conference* March 2004 (Abstract)

Lopez J, **Morgos S**, Casabianca A. Intraoperative diagnosis of paradoxical embolism in a patient presenting with systemic arterial embolus. *Midwest Anesthesiology Residents Conference* March 2004 (Abstract)

Morgos S, Ismail I, et al. Khartoum teaching hospital in the nineties. *American University in Cairo Health Planning Workshop* March 1999 (Case-study Paper)

Gaafar A, **Morgos SA**, et al. Sporotrichoid cutaneous leishmaniasis due to *Leishmania major* of different zymodemes in the Sudan and Saudi Arabia, a comparative study. *Transactions of the Royal Society of Tropical Medicine and Hygiene* 1994; 88:552-554

MEDICAL LICENSES

Florida Medical License	ME93031	Valid until 01/31/2017
Indiana Medical License	01073761A	Valid until 10/31/2017
Kentucky Medical License	40897	Valid until 03/01/2016
Ohio Medical License	35.123220	Valid until 07/01/2016

PROFFESIONAL SOCIETY MEMBERSHIPS

American Medical Association
American Society of Anesthesiologists
American Society of Cardiovascular Anesthesiologists
American Society of Echocardiography
American Society of Regional Anesthesia and Pain Medicine
International Anesthesia Research Society

REFERENCES

Available upon request

Samuel Morgos -

THE AMERICAN BOARD OF SURGERY

Incorporated



created in 1937 for the certification of Surgeons
hereby declares that

Christine Carter Jones

having been previously certified, has satisfied all the
requirements for recertification and is hereby reaffirmed
as certified in Surgical Critical Care

Attest:

E. Christopher Ellison
CHAIRMAN

SCW
VICE CHAIRMAN

Philadelphia, Pa.

Frederic R. Smith
SECRETARY - TREASURER

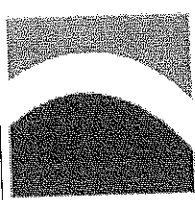
ISSUED: September 20, 2010

VALID UNTIL: July 1, 2023

CERTIFICATE NO. 2023

Current Status: Draft

PolicyStat ID: 1757909



TERRE HAUTE
Regional
HOSPITAL

Original Issue:

N/A

Reviewed:

N/A

Last Revised:

N/A

Expiration:

N/A

Owner:

Carrie Malone: Director of
Trauma Services

Department/Scope: IPC.ERT

References:

Management of Trauma Emergencies in the ICU

PURPOSE:

To ensure immediate and appropriate care of the trauma patient in the ICU.

POLICY:

All trauma patients in the ICU will be medically managed by the trauma surgeon on duty.

All trauma surgeons on the trauma service are credentialed and privileged to provide critical care management of the injured patient.

The trauma surgeon on duty is available in-house within 15 minutes to provide care for trauma ICU patients 24 hours a day, 7 days a week.

In the event of an emergency in the ICU involving a trauma patient, the Trauma Surgeon on-duty should be notified by cell phone immediately.

In the event that the primary trauma surgeon on-duty is in the operating room or unavailable for trauma patient emergencies in the ICU, the trauma surgeon on back-up call (Back-Up Trauma Surgeon) will be called according to pre-established guidelines.

PROCEDURE:

- A. There will be a posted Trauma Back-up call schedule.
- B. In addition, the Back-up Surgeon on call will arrive within 30 minutes to assist in the ICU when summoned by the Primary Trauma Surgeon.
- C. The Back-up Trauma Surgeon:
 1. Will perform no elective surgery procedures during the on-call period that would render the trauma surgeon unavailable to become the Primary Trauma Surgeon.
 2. Will refrain from taking general surgery emergency calls or trauma calls at any other facility while on trauma call at Terre Haute Regional Hospital.
 3. Will refrain from any activity that would delay or prohibit them from becoming the Primary Trauma Surgeon when notified.

REFERENCES:

American College of Surgeons (2014). *Resources for the Optimal Care of the Injured Patient*. Chicago, IL: American College of Surgeons.

Attachments:

No Attachments

Statement of Support

Terre Haute Regional Hospital Trauma Program

Due to the fact that there is an identified need for Level II trauma services in the city of Terre Haute in Vigo County, and in the surrounding regions and the development and maintenance of a Level II trauma center has been shown to increase the quality of trauma care, with distinct positive impact on morbidity and mortality outcomes;

I affirm my support of the trauma program at Terre Haute Regional Hospital, and my commitment to maintain the high standards needed to provide optimal care of all trauma patients as required under the American College of Surgeons Standards.

K Erickson

Kavita Erickson, MD

Chief of Radiology

9/9/15

Date

Michael Skulski

Mike Skulski, MD

Radiology Liaison to the Trauma Program

CT

Christine Toevs, MD

Trauma Medical Director

9/13/15
Date

9-9-2015

Date

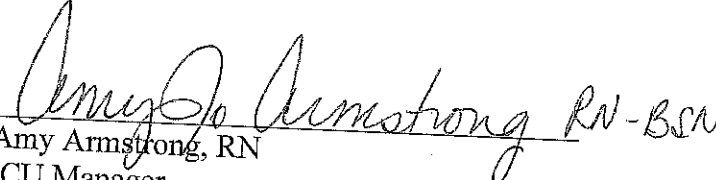


**Terre Haute Regional Hospital
Intensive Care Unit,
Staff and Equipment**

Terre Haute Regional Hospital's Intensive Care Unit (ICU) is committed to providing care to the injured patient by providing qualified staff 24 hours a day, 7 days a week. The nurse patient ratio for trauma patients is 1:2 or 1:1 depending on the patient's severity of injury and complexity.

The following equipment is available in the ICU:

- 2 Adult code carts
- 2 Artic Sun
- Level 1 Rapid Infusers
- Integra Camino ICP monitors
- Emergency neurosurgical cart
- Sonosite Ultrasound
- Video Laryngoscopy
- Intra-Compartmental pressure monitor set
- Intra-Abdominal pressure monitoring system
- Intra-Aortic Balloon Pump
- Open chest cart
- Swan insertion kit
- Central Line insertion kit
- Hardwired monitors in all rooms
- Arterial line equipment
- Ventilator capability
- Bair Hugger
- Core temperature monitoring via temp sensing Foley catheters
- All basic equipment (O2, suction, cardiac monitors, etc.)


Amy Armstrong, RN
ICU Manager
Terre Haute Regional Hospital

8/31/15
Date

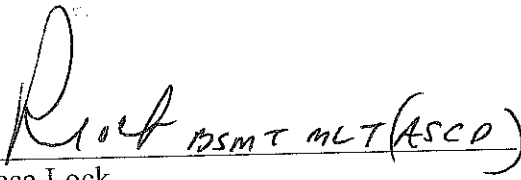


Terre Haute Regional Hospital Blood Bank Products

Terre Haute Regional Hospital's Blood Bank is committed to providing care to the injured patient by providing adequate amounts of packed red blood cells, fresh/fresh frozen plasma, platelets, cryoprecipitate and appropriate coagulation factors to meet the needs of injured patients.

The following blood products are available in the Blood Bank:

- 40 O positive Packed Red Blood Cells
- 40 A positive Packed Red Blood Cells
- 20 O negative Packed Red Blood Cells
- 10 A negative Packed Red Blood Cells
- 2 B positive Packed Red Blood Cells
- 15 A Fresh Frozen Plasma
- 15 O Fresh Frozen Plasma
- 15 AB Fresh Frozen Plasma
- 4 AB Liquid Plasma
- 5 Platelet Apheresis Product
- 5 AB Pooled Cryo


Rebecca Lock
Director of Laboratory Services
Terre Haute Regional Hospital

8/31/15

Date

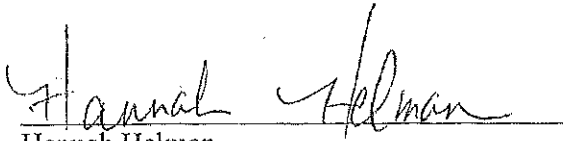


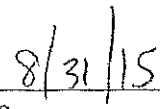
**Terre Haute Regional Hospital
Blood Bank Products**

Terre Haute Regional Hospital's Pharmacy is committed to providing care to the injured patient by providing appropriate coagulation factors to meet the needs of injured patients.

The following coagulation factors are available:

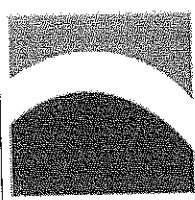
- KCentra - Prothrombin complex concentrate (PCC) is prepared from human plasma and contains factors II, VII, IX and X, and antithrombotic proteins C and S


Hannah Helman
Director of Pharmacy
Terre Haute Regional Hospital


Date

Current Status: Pending

PolicyStat ID: 1590646



TERRE HAUTE
Regional
HOSPITAL

Original Issue: 02/2015
Reviewed: 02/2015
Last Revised: 02/2015
Expiration: 3 years after approval
Owner: Carrie Malone: Director of
Trauma Services
Department/Scope: IPC.LAB
References:

Massive Transfusion Policy, IPC.LAB.047

INTRODUCTION:

Shock as a result of massive hemorrhage is the leading cause of early death following traumatic injury. Recent studies demonstrate a survival benefit to protocol-driven transfusion strategies that **approach a 1:1:1 ratio** of Packed Red Blood Cells (PRBC), Fresh Frozen Plasma (FFP), and Platelets (PLT) in patients who require replacement of their total blood volume. This resuscitation strategy improves patient survival, reduces hospital/intensive care unit (ICU) length of stay, decreases ventilator days, and reduces patient care costs.

This **Massive Transfusion Protocol (MTP)** policy is a guideline for the support of the patient who requires a "Massive Transfusion". The trigger for the protocol is based on *physician discretion*. Any patient who has already required more than three (3) units of blood in less than one hour and is anticipated to require further transfusion *should be considered for this protocol*. This protocol is specifically written to allow the rapid administration of blood and blood products *before the pre-transfusion work-up is complete*. The order information section of the *Massive Blood Delivery and Transfusion Record* should be completed by the physician or his/her designee, if at all possible. The protocol may be stopped at physician discretion via a verbal order to the blood bank. Massive Transfusion is defined in the literature as any patient who receives more than ten (10) units of PRBC within a 24-hour period. This, however, introduces "survivor bias" as the patient must survive long enough to receive at least 10 units. For this reason, *physician discretion* is used to trigger the protocol.

Hypothermia, defined as body temperature of $< 35^{\circ}\text{C}$, occurs in up to half of the victims of major trauma, correlates with the severity of injury, and is associated with significantly increased morbidity and mortality. While there are many causes of hypothermia, the loss of the ability of the body to thermoregulate correlates with a high degree of shock and anaerobic metabolism. Acidosis may occur due to lactate production from anaerobic metabolism or from large amounts of chloride given in saline containing crystalloids. Coagulopathy occurs secondary to massive blood loss and may be further exacerbated by the dilutional effect of crystalloid administration. An elevated PTT on admission is an ominous sign and requires early attempts at correction via replacement of fibrinogen and other factors. The partial reversal of coagulopathy is thought to be the primary reason for improved outcomes seen with the 1:1:1 transfusion and the use of Tranexamic Acid (TXA) [Ho, 2005; Cosgriff, 1997] (USF-HCA Best Practice Committee, 2014).

DEFINITIONS:

Emergency Transfusion: Transfusion given **before** all routine pre-transfusion compatibility testing and documentation are completed, in cases where the medical condition of the patient requires urgent blood components. These units of blood may be O negative in male or female patients, O positive in male patients and female patients who are post-hysterectomy/post-menopausal, and type specific in patients who have been previously blood typed. Routine pre-transfusion testing includes ABO/Rh typing, antibody screening, antibody detection, antigen typing of RBC's for those patients with antibodies, and the appropriate cross match. These tests are not expected to be completed in an emergency situation.

Massive Transfusion: Massive transfusion is performed in an unstable patient presenting with signs of hemorrhage who requires emergent transfusion of greater than three (3) units of Packed Red Blood Cells within 1 hour, or ten (10) units within a 24 hour period. Results of standard laboratory tests for coagulation (PT, aPTT, fibrinogen, platelet count) lag the rapidly changing clinical situation in massive transfusion and do not accurately represent the degree of coagulopathy present. These tests, if sent, are usually reviewed post hoc to see how future MTP's can be improved. **TEG gives the best overview of the coagulopathy in these patients.** While the primary driver of the MTP is clinical decision making, the availability of these tests "real time" improves use of some factors and may decrease overall administration costs. Giving plasma and platelets early and often during massive transfusion more effectively manages coagulopathy due to dilution of coagulation factors or platelets. **MTP requires clinical, rather than laboratory value driven transfusion decisions. All efforts must be made to avoid hypothermia as this may lead to reduction in citrate/lactate metabolism, hypocalcemia, metabolic acidosis, and increased oxygen affinity of hemoglobin, impairment of RBC deformity, platelet dysfunction, and increased tendency to cardiac dysrhythmias** (USF-HCA Best Practice Committee, 2014).

POLICY:

- A. The Massive Transfusion Protocol will be initiated when the patient has received three (3) units of packed red blood cells within one hour or ten (10) units within 24 hours, is unstable, and presenting with signs of hemorrhage. The first four (4) units of blood are delivered to the unit via cooler as part of the Emergent Blood Protocol, IPC.LAB.040. **These units are not part of the MTP protocol, but are used to bridge the time between activation and arrival of blood products.**
- B. The treating physician or their designee shall contact the Terre Haute Regional Hospital Blood Bank to activate the MTP.
- C. The MTP must be deactivated by the treating physician or their designee once it has been determined that the need for urgent blood has been managed.
 1. Endpoints of Transfusion Guidelines (ACS TQIP Massive Transfusion in Trauma Guidelines, 2013, pp. 8-10)
 - a. The ratio-driven massive transfusion may be discontinued or downgraded to goal-directed transfusion based on the laboratory findings if surgical bleeding has been controlled by the surgeon in the operating room **OR** there is radiographic and physiologic evidence of bleeding control after angioembolization.
 - b. The MTP should be discontinued when there is recognition that further resuscitation is futile.
 - c. The following should be used as guides to cease therapy with blood and blood components in a patient who is (1) not actively bleeding and (2) still in the acute resuscitation phase:

- i. RBC transfusion for **hemoglobin** ≥ 10 g/dl
- ii. Plasma transfusion for **prothrombin time (PT)** < 18 seconds
- iii. Plasma transfusion for **activated partial thromboplastin time (aPTT)** < 35 seconds
- iv. Platelet transfusion for **platelet count** $> 134 \times 10^9$
- v. Cryoprecipitate or fibrinogen concentrate for **fibrinogen level** > 180 g/L
- d. If **TEG** is available, the following treatment protocols may also be used:
 - i. R between 7-10 min = administer 1 units liquid plasma/FFP or 4 ml/kg
 - ii. R between 11-14 min = administer 2 units liquid plasma/FFP or 8ml/kg
 - iii. R > 14 min = administer 4 units liquid plasma/FFP or 16 ml/kg
 - iv. MA between 49-54 mm = administer 0.3 mcg/kg DDAVP
 - v. MA between 44-48 mm = administer 5 platelet units (1 pack)
 - vi. MA at 40 or less = administer 10 platelet units (2 packs)
 - vii. Alpha less than 45° = administer 0.6 units/kg cryo
 - viii. LY30 at 7.5% or greater, C.1 < 3.0 = administer Tranexamic Acid (TXA)
 - ix. LY30 at 7.5% or greater, C.1 > 3.0 = administer Tranexamic Acid (TXA)
- 2. For the purposes of reporting and documentation in registry and databases, hemorrhage control/ hemostasis can be declared when both the following have been met (ACS TQIP Massive Transfusion for Trauma Guidelines, 2013, p. 10):
 - a. The surgeon declares hemostasis based on the absence of bleeding requiring intervention in the surgical field **OR** resolution of blush after antiembolization
 - b. The surgeons and /or anesthesiologist agree that the patient is adequately resuscitated based on the following criteria, if available:
 - i. Stable or increasing blood pressure, or
 - ii. Stable or decreasing heart rate, or
 - iii. Stable or increasing urine output, or
 - iv. Decreasing requirement for vasopressors to maintain a stable blood pressure
- 3. "Frequent communication between the members of the resuscitation and surgical teams cannot be overemphasized to guide the resuscitation, plan for continued need for blood products and adjuncts, and determination of when to move toward data-based resuscitation and when to end active resuscitation" (ACS TQIP Massive Transfusion for Trauma Guidelines, 2013, p. 10).
- D. The Blood Bank shall maintain adequate inventory in house to ensure that type-specific and/or type-compatible blood components are made available in a timely manner.
- E. The Blood Bank shall coordinate with blood suppliers to maintain inventory of blood components.
- F. **Uncrossmatched Emergency Blood** (ACS TQIP Massive Transfusion in Trauma Guidelines, 2013)
 - 1. **Group O Rh Positive Packed Red Cells** will be issued
 - a. If the patient's blood type is unknown **and**
 - b. Pt is male or post-menopausal/post-hysterectomy female **and**

- c. A current blood sample is not available.
- 2. **Group O Rh Negative Packed Red Cells** will be issued:
 - a. If the patient's blood type is unknown **and**
 - b. Pt is female of child-bearing age, or age and child-bearing status is unknown **and**
 - c. A current blood sample is not available.
- G. It is an expectation that a blood sample for type and screen will be sent to the Blood Bank at the earliest possible time (usually within 15 minutes) in order to provide type specific rather than universal donor type compatible components.
- H. Group AB Plasma will be issued for the first three doses of the MTP if the patient's blood type is unknown. In order to protect the AB plasma supply, the type and screen blood sample must be received and resulted by the Blood Bank before the fourth and subsequent doses of plasma are prepared for the patient.
- I. **Uncrossmatched**, Type-Specific or Type-Compatible PRBC's will be issued to expedite the provision of PRBC's.
 - 1. Serologic or Electronic crossmatches will be performed retrospectively. The treating physician or their designee will be notified immediately if incompatible units were issued by the Blood Bank.
- J. The Blood Bank Physician will consult with the treating physician or their designee when the inventory of compatible (type-specific or type-compatible) blood is in danger of being depleted for use in the system.
 - 1. Discussion must occur between the Blood Bank Physician and the treating physician or their designee regarding the use of mismatched blood components.
 - 2. Discussion must occur between the Blood Bank Physician and the treating physician or their designee regarding the use of incompatible blood components.
- K. To expedite the provision of blood components, special component processing such as CMV negative, Fresh, Washed, HLA matched, Antigen matched, and/or Irradiated blood will not be provided.
- L. Except for in the case of the Emergent Blood Protocol for Trauma 1 activations, the patient service area shall arrange for the pick-up and delivery of transport coolers to and from the blood bank.
- M. PRBCs and Plasma shall be packed and stored in a specialized refrigerated transport cooler to maintain storage temperatures and minimize product wastage.
- N. Platelets and Cryoprecipitate (CRYO) shall be maintained at ambient temperatures. DO NOT refrigerate or place these components in transport coolers.
- O. A dose of CRYO will only be thawed when ordered.

PROCEDURE:

- A. The treating physician or their designee calls the Terre Haute Regional Hospital Blood Bank to activate the Massive Transfusion Protocol.
- B. An order for Massive Transfusion Protocol is sent to lab.
- C. If not already done, send Type and Screen sample to the Blood Bank as soon as possible.
- D. Once the MTP is initiated, the blood bank technologist will assess the on-hand blood supply of PRBC's, platelets, fresh frozen plasma (FFP), and cryoprecipitate.

- E. The Blood Bank Technologist prepares and sends blood component shipments in sequence.
- F. **ADMINISTER SET 1: 4 units PRBCs, 4 units FFP, 1 unit single donor apheresed platelets.**
1. PRBCs and Plasma will be in transport coolers for pick-up. Platelets are kept at ambient temperature.
 2. The Blood Bank shall complete the following items on form *Massive Blood Delivery and Transfusion Record* to document the units being issued:
 - a. Dispensing information
 - b. Patient Demographics
 - c. Component, ABO type, and donor number of units issued
 - d. Ordering MD
 3. Form *Massive Blood Delivery and Transfusion Record* completed with dispensing information as above, is sent with the units and will be used to document the transfusions.
- G. Once the MTP is activated, the treating physician or their designee should immediately send a staff member to the Blood Bank to obtain the first shipment.
- H. The treating physician, their designee, or nurse receiving the units documents the following on the *Massive Blood Delivery and Transfusion Record*:
1. Received by
 2. Date
 3. Time received
- I. The transfusionist completes the transfusion section of the form and transfuses the blood products. **ALL PRBCs AND PLASMA MUST BE GIVEN THROUGH A BLOOD WARMER/RAPID TRANSFUSER DURING MASSIVE TRANSFUSION.** Platelets and cryoprecipitate should NOT be given through a blood warmer (ACS TQIP Massive Transfusion in Trauma Guidelines, 2013).
- J. A "Massive Transfusion Panel" (including PT, aPTT, fibrinogen, hemoglobin, platelets, platelet function test, TEG, and ionized calcium) should be drawn BEFORE any of SET 2 is administered. (These labs will be reviewed after the MTP is complete to assess effectiveness of the protocol.)
- K. If further transfusion is required, **ADMINISTER SET 2: 4 units PRBCs, 4 units FFP**
- L. If further transfusion are required, alternate between SET 1 and SET 2.
- M. **Strongly consider anti-fibrinolytic treatment with Tranexamic Acid (TXA).**
1. Indications
 - a. Trauma patients with signs of bleeding and critical injury. Hemorrhagic shock is not necessary for administration of TXA.
 - b. Any injured patient that is hypotensive without the contraindications described below.
 - c. Any injured patient requiring packed red blood cell transfusion of any volume
 - d. The constellation and severity of the injuries is compatible with a reasonable likelihood of survival if bleeding were controlled.
 2. Precautionary use:
 - a. Pregnancy

- b. Renal impairment
 - c. History of thrombosis or thromboembolism
3. Exclusions
- a. Isolated head injury
 - b. age < 5 years
 - c. injury occurring more than 8 hours
4. Absolute contraindications (per package insert)
- a. Intracranial bleeding
 - b. Active thromboembolic disease (i.e. PE, DVT, cerebral thrombosis)
5. Timing
- a. One hour or less from injury is most ideal
 - b. Up to three hours from injury has shown benefit
6. Dosing and Administration
- a. Adults: 1 gram in 100 ml NS over 10 minutes, then an infusion of 1 gram in 500 ml over 8 hours
 - b. Children > 5 yrs: consult with Pharmacist
 - c. TXA is kept in the ED, OR, & ICU pyxis
- N. **Cryoprecipitate** (5 units pooled) should be considered in all patients when fibrinogen levels drop below 100 mg/dl, at 90 min, 150 min, and 210 min.
- O. **Activated Prothrombin Complex Concentrate (PCC)** is now commercially available in the USA under the brand name "FEIBA". It contains Factors II, VII, IX, and X and may be used in a MTP if TEG testing and/or serum based tests such as the Prothrombin Time (PT) indicate a factor deficiency.
- P. **If the patient is anticoagulated, consider use of products as specified in the *Warfarin Reversal Orders, Rivaroxaban (Xarelto) Reversal Orders, and Dabigatran (Pradaxa) Reversal Orders.***
- Q. Misc:
- 1. Efforts will be made to minimize wastage of blood products. Blood product waste will be monitored by the Blood Bank/Laboratory.
 - 2. The department (ED, OR, or ICU) will notify the blood bank if the patient should transfer to another location in the hospital.
 - 3. After a dose/cooler is retrieved, the next anticipated shipment will be prepared until the protocol is deactivated. "The goal is to keep at least one MTP cooler ahead for the duration of the MTP activation" (ACS TQIP Massive Transfusion Guideline, 2013, p. 5).
 - 4. If a Type and Screen specimen has not been received in the blood bank, each time that a prepared cooler/shipment is picked up, the Blood Bank Tech will call to remind the service area that a Type and Screen blood specimen is still needed.
 - 5. AB plasma will not be prepared for the 4th and subsequent doses until a type and screen specimen has been received and tested in the blood bank.
 - 6. The treating physician or their designee will notify the blood bank tech to deactivate the protocol when appropriate.

7. Transfusion rates greater than one unit every 5 minutes will lead to citrate toxicity and hypocalcemia.
8. Acid/base status is dependent on tissue perfusion, rate of administration of blood, and citrate metabolism and is best assessed through measurement of the recipient's lactate level and arterial blood gases.
9. The blood bank tech will inquire as to whether or not the MTP should be continued if a prepared cooler is not retrieved within 45 minutes of the time the previous cooler was picked up.
10. After deactivation of the protocol, the blood bank tech will call the service area the results of the retrospective compatibility testing.
11. Due to the large numbers of blood products to be transfused within a short amount of time, blood products administered via the Massive Transfusion Protocol will not be documented electronically by nursing: all transfusion information including pre and post transfusion vital signs will be documented on the paper forms that accompany the blood products from the blood bank.

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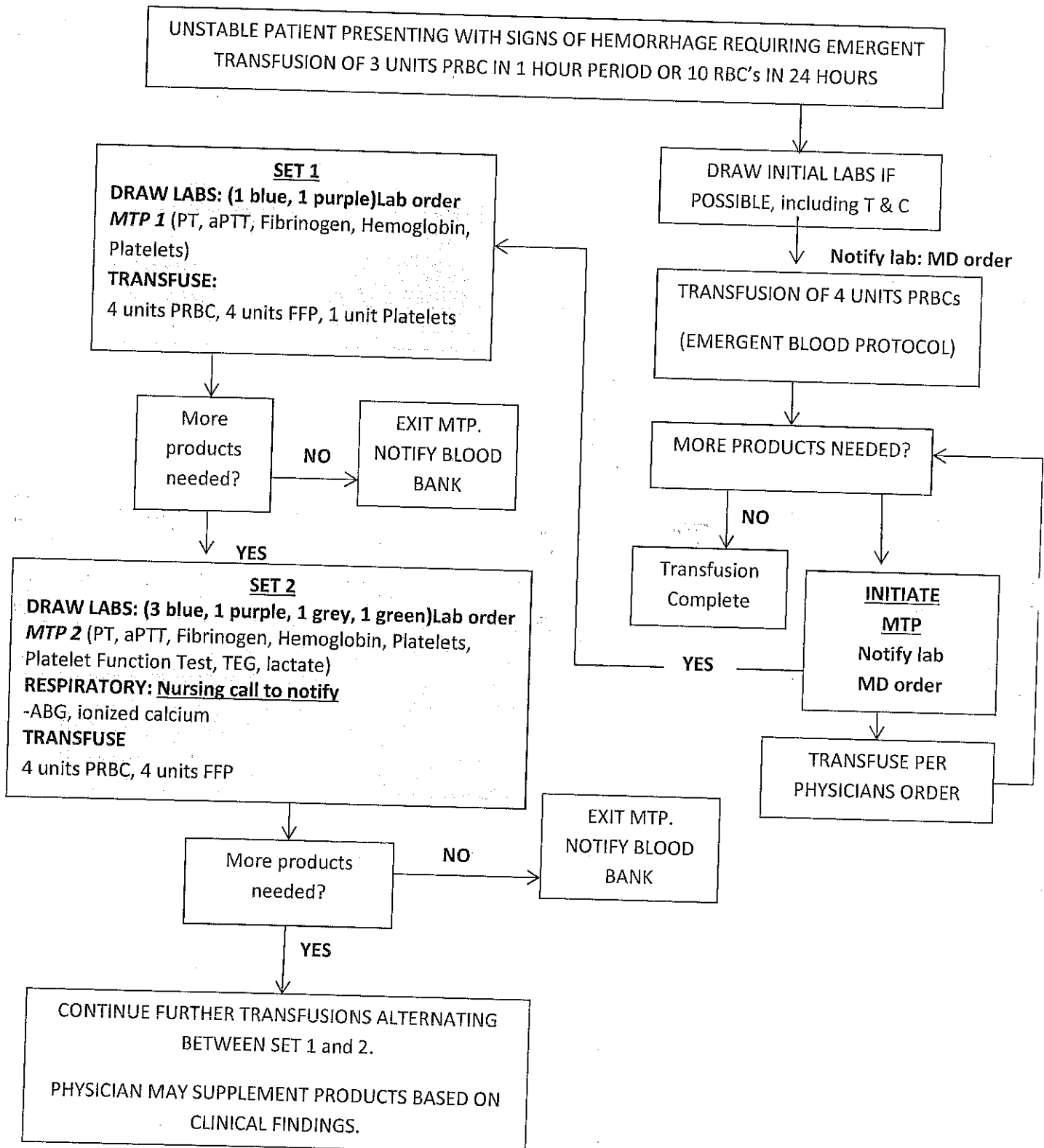
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Attachments:

- Appendix 1: MTP Flowchart
- Appendix 2: MTP Schedule of Products
- Massive Blood Delivery and Transfusion Record
- TEG Results in Therapy Treatment Protocol

Approver	Date
Courtney Robison: Executive Administrative Assistant	08/2014
Heather Lark	11/2014
Heather Lark	11/2014
Dr. Roland Kohr	11/2014
Heather Lark	01/2015
Courtney Robison: Executive Administrative Assistant	01/2015
Angela Ellis: Chief Nursing Officer	02/2015
Courtney Robison: Executive Administrative Assistant	07/2015
Carrie Malone: Director of Trauma Services	07/2015
Jennifer Roth: QRM Administrative Assistant	pending

Appendix 1 - MASSIVE TRANSFUSION PROTOCOL FLOWCHART



Appendix 2 – Massive Transfusion Protocol: Schedule of Products

Set #	Red Cells (Units)	FFP (Units)	Platelets (Apheresis Units)	Tranexamic Acid (TXA) ²	Cryoprecipitate (5 units pooled) ⁴
	Immediate access 4 units uncrossmatched blood per Emergent Blood Protocol				
1	4	4	1	TXA 1 gram (as ordered by trauma surgeon)	
2	4	4			
1	4	4	1		Cryoprecipitate (5 unit pooled)
2	4	4			
1	4	4	1		Cryoprecipitate (5 unit pooled)
2	4	4			
1	4	4	1		Cryoprecipitate (5 unit pooled)
2	4	4			
1	4	4	1		
2	4	4			
1	4	4	1		
NOTES: 1. Activate Massive Transfusion Protocol – call Blood Bank (enter order in Meditech if required). 2. Tranexamic Acid 1gram IV over 10 minutes followed by 1 gram over 8 hours, immediately available in Emergency Department, ICU, and Surgery Pyxis. 3. ASAP: Once type specific blood is available, blood bank to notify trauma team. Start delivery of blood products at 30 minute intervals. 4. Cryoprecipitate (5 units pooled) should be considered in all patients when fibrinogen level drops below 100 mg/dl, at 90 min, 150 min and 210 min.					

TEG RESULTS IN THERAPY - TREATMENT PROTOCOL

TEG [®] Value	Clinical Cause	Suggested Treatment
R between 7 – 10 min	↓ Clotting factors	x 1 FFP or 4 ml/kg
R between 11 – 14 min	↓↓ Clotting factors	x 2 FFP or 8 ml/kg
R greater than 14 min	↓↓↓ Clotting factors	x 4 FFP or 16 ml/kg
MA between 49 – 54 mm	↓ Platelet function	0.3 mcg/kg DDAVP
MA between 44 – 48 mm	↓↓ Platelet function	X5 platelet units (1 pack)
MA at 40 mm or less	↓↓↓ Platelet function	X10 platelet units (2 packs)
α less than 45°	↓↓ Fibrinogen level	.06 u/kg cryo
LY30 at 7.5% or greater, C.1 < 3.0	Primary fibrinolysis	Tranexamic Acid
LY30 at 7.5% or greater, C.1 > 3.0	Secondary fibrinolysis	Tranexamic Acid

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TEG RESULTS IN THERAPY - TREATMENT PROTOCOL



Job Description

Job Title: Post Anesthesia Care Unit Registered Nurse	FLSA Status: Non-Exempt
Department: Surgical Service-PACU	Reports to: Manager/Director Outpatient Surgery
Original Date: 10/2008	Date Reviewed/Revised: 2/2009/2013

Position summary: The PACU RN manages the nursing care of patients recovering from Endoscopy, Surgical, Cath Lab, and Radiology procedures and assists anesthesia providers with Regional Blocks in accordance with ASPAN and AORN Perioperative Standards and Recommended Practices and follows the established Policies set by Terre Haute Regional Hospital Healthcare Organization

Behavioral characteristics:

- Effective communication skills with all co-workers, physicians, patients and their families, be mentally alert, dependable, and conscientious, tactful, flexible and cooperative
- Possess integrity, honesty, use good, safe judgment, be assertive and show initiative and compassion
- Ability to work and communicate with all patients, family members, physicians, and employee
- Maintain physical and mental health and have neat, well groomed appearance
- Have ability to function well in stressful situations
- Demonstrates commitment to patients and co-workers by maintaining: regular attendance and punctuality, safe environment, mandatory hospital and professional education, and have self motivation
- Report errors of self and staff, near misses with the intention to improve the environment and processes
- Effective Listening skills
- Demonstrates behaviors that are relative to the HCA Mission and Values Statement: "We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives."

Position responsibilities:

- Follow HIPPA rules and regulations
- Attend HCA's COC training course annually and demonstrates conduct that reflects this code of conduct
- Provides age and culturally appropriate post procedure patient care for General Surgery, Orthopedic Surgery, Neurosurgery, Ear/Nose/Throat Surgery, Cataract Surgery, Podiatric Surgery, Endoscopic procedures, Pain Management Procedure, Cardiac Catheterization Procedure, Cardiac Surgery, Vascular Surgery, Urological Surgery, Obstetrics and Gynecological Surgery
- Actively instructs and educates patients and their families on the Plan of Care and discharge instructions for the all procedures performed

- Assists anesthesia providers with Regional Blocks on surgical patients in PACU
- Performs blood transfusion procedure
- Knows and performs techniques for specimens collection, labeling, ordering, and documenting
- Maintains supply levels to insure efficiency of Preparation of Out Patients
- Orients and mentors new staff members and students
- Follows Infection control and standard precautions and cleaning for PACU department
- Uses PPE and demonstrates importance of proper hand hygiene when providing patient care prior to, after and between patients
- Identifies and performs JACHO safety measures
- Understands and demonstrates knowledge of ASA classifications
- Follows Hospital dress code for PACU Department and traffic patterns
- Assists anesthesia provider with induction, intubation, extubation, line insertion as needed
- Assists with the flow of surgery schedule
- Assists OR RN in emergency situations as needed
- Assesses and assists with patient's discharge planning needs with appropriate healthcare team
- Monitors, records, communicates and updates appropriately the patient condition to healthcare team
- Documents care accurately and completely in Meditech
- Transcribes Telephone and Verbal Physician orders
- Review and confirm consent, H&P, results of lab tests are on chart prior to patient regional block procedure being performed
- Routinely checks equipment for malfunctions and removes from service and follows corrective action for repair
- Performs initial and on-going patient assessment according to accepted standards of nursing practice
- Carries out physician orders or clarifies ambiguous Physician orders and documents same
- Administers prescribed medications, and treatments and documents same
- Assumes charge nurse duties PRN
- Collaborates and evaluates patient's responses to interventions and revises nursing goals, objectives and interventions to changes in patient status
- Uses proper TLC language and phone etiquette
- Be willing to cross train to other surgical services areas
- Takes Call
- Participates in CQI process
- Maintains Health stream education and department education
- Attend Code of Conduct training course annually
- Demonstrate an understanding of and adherence to HCA's Code of Conduct
- Demonstrates conduct that is reflective of THRH's commitment to HCA's Code of Conduct
- Understands and satisfies the needs of the patient population appropriate to the age of the patient served (adults, geriatric, adolescent, pediatric, and parents of neonates)
- Must Adhere to the Standards of Behavior for Terre Haute Regional Hospital as

per the Customer Relations Policy

Essential educational/licensure, skills and experience:

- Current Indiana licensure as a registered nurse
- Current certification in Basic Life Support Healthcare Provider, PALS and ACLS maintained throughout employment with Terre Haute Regional Hospital
- Attainment of certification in Acute Care Life Support Healthcare Provider within 90 days of employment
- Graduate of an accredited School of Professional Nursing
- Critical thinking skills, decisive judgment and ability to work with minimal supervision in a fast paced environment
- Willingness to participate in unit and hospital wide committees
- Registered Nursing License must be maintained throughout employment with Terre Haute Regional Hospital.

Valued but not required educational/licensure, skills and experience:

- At least one year PACU or Critical Care Nursing experience
- BSN

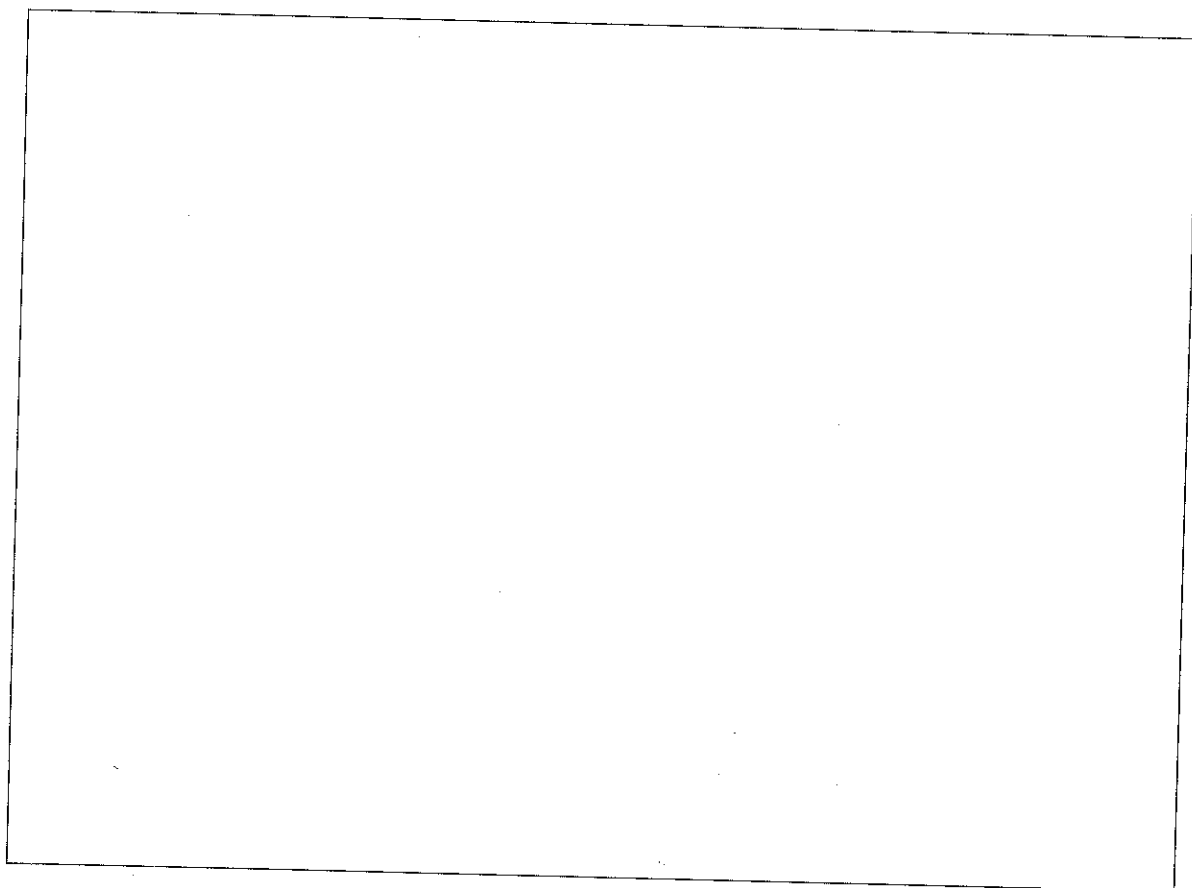
Physical demands and the work environment:

- *Physical demands:* This position will require you to lift 50 pounds or less frequently, lift up to 100 pounds occasionally. Walk and stand most of the day, bend and stoop frequently, push and pull equipment and carts on a regular basis. Manual dexterity (eye hand coordination). May be exposed to anger, fear, hostility and/or violence. May perform shift work. Maneuver weight of patients. May hear alarms and or recording devices. Reaching above the shoulder frequently. Repetitive wrist movements. Finger dexterity. On-Call Work. Acuity far and near. Depth Perception.
- *Work environment:* While performing the duties of this job, you will spend approximately 75% or more of your time inside. You may be exposed to blood or body fluids, toxic/caustic/chemical detergents. Exposure to moving mechanical parts, and potential electric shock. You will be using latex gloves frequently. You may work in areas that are confined and /or crowded.
- *OSHA Category I:* Position has potential for contact with mucous membrane or skin contact with blood, body fluids, or tissues. Contact may also result from spills or splashes. Use of appropriate protective measures is required.
- *Cultural Competencies:* Employee supports facility diversity initiatives; communicates with people of all cultures in ways that build trust and respect; and completes mandatory education on cultural diversity.

Age Specific Competencies:

- ☒ Neonate: < 30 days
- ☒ Early Childhood: 1 and < 5 years
- ☒ Adolescent: 13 to <17 years
- ☒ Middle Adult: 30 to <60 years
- ☐ Not Applicable

- ☒ Infant: <1 year
- ☒ Late Childhood: 5 and <13 years
- ☒ Young Adult : 17 to < 30 years
- ☒ Older Adult: > 60 years



Acknowledgement

CONFIDENTIALITY – It is the responsibility of all Terre Haute Regional Hospital employees, contract employees, students, temporary agency employees, and volunteers to safeguard sensitive hospital information. The nature of our business and the economic well being of the hospital are dependent upon protecting and maintaining proprietary information. It is essential to remember that any information concerning a patient and his/her condition or hospital related information is a matter of strict confidence. Should you need to discuss patient information with an appropriate person, it must always be done in private.

I attest by my signature that I have read and fully understand the requirements for job performance as set forth in this job description. I also understand that this job description serves only as a guideline and is not an all encompassing document relevant to my expected performance. Lastly, I understand that the content of this job description is subject to change at any time as deemed necessary by the employer.

Signed:

Signature

Date

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Printed Name



**Terre Haute Regional Hospital
Post-Anesthesia Care Unit
Equipment**

The following equipment is available in the PACU:

- Hotline Fluid Warmers
- Level 1 Rapid Infusers
- Bair Hugger
- Suction equipment
- Adult and Pediatric code carts
- Ventilator capable
- All basic equipment including but not limited to
 - Oxygen
 - Suction
 - Cardiac monitoring
 - NIBP
 - Pulse oximetry
 - End tidal CO2 monitoring
 - Arterial line monitoring
 - Camino ICP monitoring
- Proximity to the operating room also makes other equipment readily available

Brad Conwell, RN
Brad Conwell, RN
Manager OR and PACU
Terre Haute Regional Hospital

9/1/15
Date

received 5/20/14

HOSPITAL PROCUREMENT AGREEMENT
(ORGAN)

This Hospital Procurement Agreement (Organ) ("Agreement") is made this 2nd day of May, 2014, between Terre Haute Regional Hospital ("Hospital") and Indiana Organ Procurement Organization, Inc. ("IOPO").

RECITALS

A. IOPO is an Indiana nonprofit corporation and is a freestanding Organ procurement organization (within the meaning of 42 C.F.R. § 413 and § 486 subpart a) which is the federally qualified Organ procurement organization designated for the donation service area within the State of Indiana in accordance with Section 371 of the Public Health Service Act (42 U.S.C. § 273) ("Donation Service Area");

B. IOPO is a member of the Organ Procurement and Transplantation Network ("OPTN") established under the Public Health Service Act (42 U.S.C. § 274), the nonprofit corporation composed of transplant centers, organ procurement organizations, and histocompatibility laboratories, with the purpose of increasing the availability and access to donor organs;

C. OPTN is administered by the United Network for Organ Sharing ("UNOS"), a nonprofit corporation, which, as the OPTN contractor, manages the national Organ transplant waiting list, manages clinical data in a secure environment, works to improve the quality processes of OPTN, and facilitates the Organ allocation, matching and placement process for human Organ transplants;

D. The role of IOPO is to perform and coordinate the identification of donors, and facilitate the retrieval, procurement, preservation and transportation of Organs for transplantation to work with the OPTN and UNOS in the allocation and placement of Organs available for transplant, and to educate medical personnel and the general public regarding donation and transplantation issues;

E. Hospital participates in the Medicare and Medicaid program and desires to be in compliance with Section 1138 of the Social Security Act (42 U.S.C. § 1320b-8) and the rules of the Centers For Medicare and Medicaid Services ("CMS") for hospital conditions of participation in Medicare and Medicaid programs (42 CFR Part 482.45);

F. Hospital is located within the Donation Service Area of IOPO;

G. Hospital agrees to cooperate with IOPO in identifying Potential Donors in order to maximize the number of usable Organs donated, providing Timely Referral to IOPO of Imminent Deaths and deaths which occur in Hospital; allowing families of Potential Donors to be informed of the potential for Organ, Tissue, or Eye donation; and maintaining Potential Donors under the direction and guidance of IOPO while necessary determinations of medical

suitability, testing and placement of Organs can take place. Hospital agrees to cooperate with IOPO in supporting a patient's right to donate Organs, Tissue and Eyes when an appropriate declaration of gift has been made by the patient, even if that declaration of gift is contrary to the wishes of the next of kin, and, allowing IOPO to appropriately approach all families of medically suitable Potential Donors in order to obtain the authorization to donate Organs, Tissue and Eyes, when appropriate, for suitable Potential Donors under eighteen years of age or where no declaration of gift can be found. Hospital hereby requests that IOPO recover all Organs from Donors who die within Hospital that are determined to meet the requirements of medical suitability; and

H. In situations where organs, tissue and eyes are determined not to be medically suitable for purposes of human transplantation, Hospital and IOPO agree that with appropriate consent from the Legal Next-of-Kin, procurement may proceed for purposes of medical and/or dental education, research, the advancement of medical or dental science, or therapy.

AGREEMENT

NOW, THEREFORE, in consideration of the foregoing recitals, the mutual covenants contained herein and for other good and valuable consideration, the parties hereby agree as follows:

1. Definitions. For purposes of this Agreement, the following words shall have the meanings indicated herein:

- a) "Brain Death" shall mean the condition of death occurring when increased intracranial pressure is sufficient to impede the flow of blood into the brain causing cellular death of the brain tissue and/or herniation; characterized by the absence of electrical activity in the brain, blood flow to the brain, and brain function as determined by the clinical assessment of responses therefore, resulting in complete, irreversible cessation of all functions of the entire brain, including the brain stem.
- b) "Clinical Indicators" shall mean the following criteria for a patient with severe, acute brain injury and (i) who requires mechanical ventilation; (ii) is in an intensive care unit, critical care unit or emergency department; (iii) has clinical findings consistent with a Glasgow Coma Score that is less than a threshold of 5, absent central nervous system depressants or an induced coma, or for whom the attending physicians are evaluating a diagnosis of brain death, or for whom a physician has ordered that life-sustaining therapies be withdrawn, pursuant to the family's or guardian's decision.
- c) "Conversion Rate" shall mean the number of Potential Donors meeting the medical suitability requirements of IOPO, who actually donate Organs compared to all eligible Organ Donors who die in Hospital, including those for whom consent to donate is not obtained, expressed as a percentage.
- d) "Designated Requestor" shall mean an individual designated by the Hospital or IOPO and trained to handle or participate in the donation consent process,

who has completed a course offered or approved by IOPO or, in conjunction with a local Tissue and Eye bank, regarding the methodology for approaching the family or person responsible for a Potential Donor and requesting Organ, Tissue or Eye donation.

e) "Donation After Circulatory Death" ("DCD") shall mean an Organ donation process with a patient who has suffered a non-survivable brain injury or cardiac event such that patient death would be imminent subsequent to the removal of mechanical support for circulatory and respiratory functions. A Donor After Circulatory Death means an individual who donates Organs after his or her heart has irreversibly stopped beating and may be termed a non-heart beating systolic Donor. Any Hospital patient who is consented for Donation After Circulatory Death shall be transferred to an accepting facility capable of supporting DCD protocols and with whom Hospital has an agreement to accept a DCD donor per Hospital policy developed jointly with IOPO.

f) "Donor" or "Potential Donor" shall mean any person who dies in circumstances (causes and conditions of death, and age at death) that are generally acceptable for donation of at least one vascularized Organ, Tissue or Eye; the Potential Donor can be identified in a timely manner; and where proof of the patient's declaration to donate an anatomical gift can be obtained; or, absent such a declaration to donate, permission for donation can be obtained from the family or other legal guardian.

g) "Eye" or "Eyes" shall mean the whole eye or portions of the human eye, including the cornea, corneal tissue, sclera, and vitreous.

h) "Family Services Coordinator" shall mean an employee of IOPO trained in obtaining consent for Organ, Tissue and Eye donations.

i) "Imminent Death" shall mean the time when an individual's death is reasonably expected utilizing the criteria enumerated for Clinical Indicators.

j) "Organ" shall mean a human kidney, heart, lung, pancreas, liver, or intestine (or multivisceral Organs when transplanted at the same time as an intestine).

k) "Procurement Transplant Coordinator" or "PTC" shall mean an employee of IOPO trained in coordinating the process of Organ donation and procurement.

l) "Timely Referral" shall mean a telephone call by Hospital notifying IOPO of an Imminent Death, in sufficient time to give IOPO an adequate opportunity to begin assessment of a Potential Donor prior to the withdrawal of, or discussion with family or guardian regarding, any life-sustaining therapies (i.e., medical or pharmacological support) and as soon as it is anticipated a patient will meet the criteria for Imminent Death agreed by the OPO and Hospital or as soon as possible after a patient meets the criteria for Imminent Death agreed to by the OPO and Hospital.

m) "Tissue" shall mean other transplantable and non-transplantable tissues of the human body, excluding Organs, and including but not limited to whole heart for heart valves, vascular tissue, connective tissues, skin and bones.

2. Notice of Donor Availability and Consent. Hospital shall, consistent with applicable laws and regulations, cooperate with IOPO in the recovery of Organs donated from patients who die in the Hospital. Hospital shall cooperate with IOPO to prepare and implement appropriate policies that support the mechanism of the donation of Organs.

a) Hospital shall provide Timely Referral to IOPO as soon as possible of every individual whose death is imminent or who has died (including calling prior to or at the time Brain Death is declared), or based on Clinical Triggers, in the Hospital. In addition, Hospital shall provide Timely Referral to IOPO or the named donee, if any, when Hospital becomes aware that a person in transit to Hospital is identified as a Potential Donor. IOPO shall preliminarily determine, based upon medical and patient information provided by Hospital, the medical suitability of each Potential Donor for Organ, Tissue and Eye donation according to requirements utilized by IOPO, and the appropriate tissue and eye banks serving Hospital.

b) The determination of death for a Potential Donor shall be made by the Donor's attending physician or by the physician responsible for certifying death at the Hospital. Such physician shall not participate in any procedure relating to removal or transplantation of any Organs, Tissues, or Eyes. IOPO shall not participate in the determination of death of any potential Organ, Tissue or Eye Donor. Notification of a determination of death shall be written into the patient's chart upon pronouncement. IOPO shall verify the determination of death according to applicable State and federal laws prior to proceeding with any anatomical recovery.

c) Hospital shall allow IOPO to determine the medical suitability of any Potential Donor and to use such portable laboratory equipment as may be necessary to facilitate such determination.

d) Hospital shall ensure, in collaboration with IOPO and consistent with federal and state laws, rules and regulations, that a patient's right to donate Organs, Tissues, and Eyes is fulfilled when appropriate declaration of gift is noted, or that the family of each Potential Donor, or person legally responsible for a Potential Donor, is informed of the potential to donate Organs, Tissues, and Eyes, or to decline to donate when the appropriate declaration of gift cannot be found. When a family member or person legally responsible for a Potential Donor is informed about the procedures for making a gift of Organs, Tissue or Eyes, the fact that the family member or representative was so informed shall be noted in the Potential Donor's medical chart. Hospital and IOPO shall encourage discretion and sensitivity with respect to the circumstances, views and beliefs of the families of Potential Donors.

e) IOPO and Hospital shall act in good faith to support a patient's right to donate, and fulfill a patient's wishes to donate anatomical gifts in accordance with the

Indiana Uniform Anatomical Gift Act, Indiana Code 29-2-16-2 et seq. (the "Act"). The Act prevents a patient's family from altering a gift declared in writing by an individual under the provisions of the Act. Under the provision of the Act, IOPO shall attempt to obtain any documentation of patient's declared decision to donate, including applicable designations on an individual's driver's license, which may be determined from the Bureau of Motor Vehicles registry or the Donate Life Indiana registry and honor such request in accordance with applicable requirements of law.

f) IOPO shall determine whether a Potential Donor has made a written anatomical gift, and, if so, whether the Potential Donor has subsequently revoked the anatomical gift in writing, in consultation with the family or guardian of the Potential Donor and with any other sources that are reasonably available, and any information received by IOPO shall be provided by IOPO to Hospital, the attending physician, and the physician who certified the Potential Donor's death if there is not an attending physician, and must be documented in the Donor's medical chart.

g) Designated Requestor, if any, shall work cooperatively with a Family Services Coordinator in requesting consent for any potential anatomical donation from a Potential Donor's family, when no declared intent by the Potential Donor can be found. If Hospital has actual notice of contrary intent in writing in accordance with Indiana law by a Potential Donor, or that the potential donation is opposed by a member of the Potential Donor's family or guardian, which member is of the same or prior class under Indiana law as the family member or guardian granting the consent, Hospital shall notify IOPO of such contrary intent. This shall not prevent IOPO from presenting options for donation to a Potential Donor's family members or guardian.

h) In the event that Organs, Tissue or Eyes are determined not to be medically suitable for purposes of human transplantation, Hospital and IOPO agree that with appropriate consent from the Legal Next-of-Kin, procurement and all examinations necessary to assure suitability may proceed for donation for the purposes of medical and/or dental research or education, the advancement of medical or dental science, or therapy.

3. Organ Procurement. The procedures undertaken to procure donated Organs shall be supervised by PTC, or other professional procurement personnel, provided by and or contracted by IOPO, with specialized training in transplantation, Donor evaluation and management and Organ preservation, to coordinate Organ procurement activities at Hospital, or, to serve as consultants to the Hospital physicians on the staff of Hospital, or when other qualified Organ procurement personnel perform such activities. Hospital agrees to grant access, on an emergency basis in accordance with its Medical Staff rules and regulations, to physicians and other Organ procurement personnel participating in the procurement procedures, case management, and all ancillary activities. Hospital and IOPO agree to cooperate in complying with reasonable requirements of other health care providers and payors in connection with Organ procurement pursuant to the terms of this Agreement. The roles and responsibilities of surgeons and other recovery personnel are to recover organs on behalf of IOPO in accordance with OPTN policy and CMS regulations. IOPO performs a verification of surgeon or recovery personnel

credentials and maintains such documentation. Surgeons and other recovery personnel will treat all personnel in the donation process with respect, courtesy, and dignity, and will conduct themselves in a professional and cooperative manner.

4. IOPO Obligations. IOPO, consistent with its purposes of performing and coordinating the retrieval, preservation and transportation of Organs will follow the system of locating prospective recipients pursuant to the rules of the OPTN for available Organs, and educating medical personnel regarding donation issues, shall:

- a) provide twenty-four (24) hour availability of a qualified IOPO staff member or PTC to evaluate and determine the medical suitability for Organs from Potential Donors; assist in the clinical management of the Donor, coordinate the procurement teams for Organ recovery, provide technical assistance during recovery and initiate Organ preservation and recovery;
- b) provide a Family Services Coordinator or other qualified IOPO staff member to appropriately inform the family of a Potential Donor of the right to donate or to decline to donate, to seek to obtain consent for donation from the family or person legally responsible in accordance with applicable law, and with discretion and sensitivity to the family or legal guardian;
- c) provide in-service training for Hospital personnel involved in Organ donations;
- d) educate Hospital personnel regarding donation and transplantation issues;
- e) if requested, approve or provide on at least an annual basis a course in the methodology for approaching Potential Donor families and requesting Organ donation for the purposes of training Hospital personnel to become Designated Requestors, which training shall also be designed in conjunction with the tissue and eye bank community, if Hospital chooses to use Hospital personnel to perform such tasks;
- f) provide a physician or other qualified and trained personnel to assist in the medical management of the Potential Donor during the time of actual procurement of Organs and provide assistance to physicians who are members of the Medical Staff of Hospital to provide such services, and IOPO's Medical Director shall provide oversight and assistance in the clinical management of a Potential Donor when the Hospital physician on call is unavailable;
- g) ensure that IOPO personnel and IOPO contractors providing services under this Agreement are trained in the proper methods necessary for Donor screening, determining medical suitability, requesting consent for donation, procurement, transportation and preservation of Organs, efficient placement of Organs, and oversight of Organ recovery;
- h) determine whether there are conditions that may influence or affect the medical suitability and acceptance of a Potential Donor;

- i) to the extent reasonably practical, obtain the medical and social history of a Potential Donor;
- j) review the medical chart of a Potential Donor and perform a physical examination of a Potential Donor;
- k) using the protocols and procedures developed and adopted by Hospital, in consultation with Hospital's designated Tissue recovery agency and Eye recovery agency, determine whether a Potential Donor whose death is imminent or who has died, is medically suitable for Tissue or Eye donation;
- l) obtain the vital signs of a Potential Donor and perform all pertinent tests, including blood typing using two separate samples from each Potential Donor;
- m) document in each Potential Donor's medical chart all test results, including blood type, before beginning Organ recovery;
- n) if IOPO recovers Organs from a DCD Donor, IOPO shall maintain and follow protocols for evaluating DCD Donors; for withdrawal of support, including the relationship between the time of consent to donation and the withdrawal of support; the use of medications and interventions not related to the withdrawal of support; the involvement of family members prior to Organ recovery; and criteria for the declaration of death and time period that must elapse prior to Organ recovery;
- o) provide qualified and trained personnel, materials, certain pharmaceuticals and equipment for recovery and preservation of Organs for their procurement;
- p) utilize Organs procured at Hospital in accordance with the rules and requirements of OPTN and UNOS, and requirements of law, to recipients deemed suitable in accordance with sound medical practice;
- q) if requested by Hospital, provide Hospital with information as to the eventual disposition of all Organs procured at the Hospital;
- r) reimburse Hospital at a rate consistent with national organ procurement standards that are reasonable and customary for the Indiana region as determined by ExamWorks, for all costs associated with procurement of Organs from Donors preliminarily approved as medically suitable from and after the time of death of the Donor is determined and proper consent is obtained, in accordance with existing applicable CMS regulations;
- s) pay private physicians not otherwise compensated through Hospital for reasonable and customary procurement fees for services related to procurement activities, unless IOPO and a physician have entered into a separately negotiated agreement for charges related to procurement activities;

- t) make arrangements for histocompatibility tissue testing and testing for potentially transmittable diseases according to the current standards of practice to determine the medical acceptability of the donated Organs for the purposes intended, which shall be performed by a laboratory that is certified in the appropriate specialty or subspecialty of service and meeting the requirements specified by UNOS, in accordance with the guidelines specified by the Center for Disease Control and other applicable laws and regulations;
- u) send complete documentation of Donor information including Donor's blood type and other vital data necessary to determine compatibility for purposes of transplantation, the complete record of Donor's management, documentation of consent, documentation of the pronouncement of death, and documentation regarding determining Organ quality to the Transplant Center that will utilize each Organ; and two individuals, one of whom must be an IOPO employee, must verify that the documentation that accompanies an Organ is correct;
- v) conduct reviews, on at least a monthly basis, of death records in every Medicare and Medicaid participating hospital in its Donation Services Area that has a Level I or Level II trauma center or 150 or more beds, a ventilator and an intensive care unit (unless the hospital has a waiver to work with an Organ procurement organization other than IOPO), with the exception of psychiatric and rehabilitation hospitals; to make an assessment of the medical charts of deceased patients to evaluate the potential for Organ donation; and in the event that missed opportunities for donation are identified, IOPO, working with Hospital, shall implement actions reasonably necessary to improve performance in identifying such opportunities; IOPO will annually provide Hospital specific organ donation data;
- w) establish written policies to address the process for identifying, reporting, thoroughly analyzing and preventing adverse events that may occur during the Organ donation process, and use the analysis to affect changes in IOPO's policies and procedures to prevent the repetition of adverse events during Organ donation;
- x) maintain a toll-free telephone number (800-356-7757) to facilitate the central referral of Organ, Tissue and Eye donations within the IOPO Donation Service Area;
- y) either directly or through a contract with an answering service, shall cause Organ donation referrals to be referred to IOPO and its on-call staff, shall cause referrals for Tissue and Eye donation to be referred to the appropriate agency having an agreement with Hospital for handling such donations; and shall cooperate with the tissue banks with which Hospital has an agreement to ensure that referrals are screened for Tissue and Eye donation potential and to cooperate in obtaining consent for Tissue and Eye donations.
- z) provide notification to the Hospital of any IOPO policy changes that affect the role of the Hospital in recovery, perfusion or transport;

aa) provide the qualifications for organ recovery team members upon request by the Hospital.

5. Additional Hospital Obligations. In addition to those obligations set forth in Section 2 of this Agreement, Hospital shall:

a) comply with the requirements of Section 1138 of the Social Security Act (42 U.S.C. § 1320b-8) and the regulations of the Centers for Medicare and Medicaid Services; all anatomical gift legislation of the State of Indiana; and other legal requirements applicable to Organ donation;

b) allow IOPO to use ancillary laboratory facilities, other than any available at Hospital, for tests of Organ function, blood typing, and other indicated clinical studies of Potential Donors as directed or requested by IOPO;

c) provide IOPO access to Hospital services such as laboratory services, radiological services, operating room availability or anesthesia services on a 24/7 basis;

d) maintain certification of Hospital laboratory testing under the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") and regulations of the Centers for Medicare and Medicaid Services, 42 C.F.R. Part 493.

e) in a timely manner provide intensive care or other clinical support for optimum maintenance of Potential Donors prior to Organ procurement, to follow procedures and protocols as specified by IOPO for Organ procurement; and work cooperatively with IOPO in the optimum maintenance of Potential Donors while necessary testing and placement of potential donated Organs takes place;

f) shall adopt a protocol for DCD Donors, and notify IOPO of Hospital's DCD protocol, and to take all steps required under such protocol for determinations of death as provided in subsection 5. (g) below;

g) in a timely manner provide physicians to determine the death of Potential Organ Donors in compliance with applicable state law and in accordance with standard medical practice;

h) work cooperatively with IOPO on providing access to Potential Donor medical records, on providing arrangements for copies to be made of the hospital medical records requested by the OPO, in providing appropriate access to Hospital's information system;

i) provide IOPO with wired or wireless secure high-speed internet connection within the Hospital, at no charge to IOPO, for the purpose of facilitating the evaluation, maintenance, recovery, placement, and medical charting of Donors, in order for IOPO to provide Donor information to UNOS, and, if Hospital cannot provide a high speed Internet connection, Hospital agrees to work with IOPO to make the best alternative

Internet connection available, which could include wireless Internet access cards or a dial-up connection;

- j) provide an operating room with staff if needed (including surgical, anesthesia, and nursing) and materials deemed appropriate by IOPO for performing cadaveric Organ recovery, and assistance in performing all reasonably necessary tests and examinations, and if Hospital does not have appropriate operating room facilities, to follow procedures and protocols as specified by IOPO until such time as a potential Donor can be transported to another medical facility with appropriate facilities;
- k) provide an itemized bill of all services for each Organ Donor for which Hospital seeks reimbursement, and ensure that the family of an Organ Donor, or person financially responsible for payment of the expenses for medical and surgical care for the Donor, is not charged or billed for expenses related to Organ donation; and to furnish to IOPO, upon request, an itemized statement of expenses billed to the Donor family or other responsible party, relating to the Donor's medical and surgical care and treatment to confirm that no such charges or bills were remitted;
- l) work cooperatively with IOPO in the education of Hospital staff and the community regarding donation issues;
- m) enter a notation in a patient's chart when Timely Referral is provided to IOPO;
- n) cooperate with IOPO and provide the assistance of at least one qualified Hospital employee to assist in verifying that documentation, including Donor blood type and other vital data necessary to determine compatibility for purposes of transplantation, specified in subsection 4. (u) of this Agreement that accompanies an Organ to a Transplant Center is correct;
- o) cooperate with IOPO in performing death record reviews as specified in subsection 4. (v) of this Agreement; and, if required, to cooperate with IOPO in implementing actions deemed reasonably necessary to improve the opportunities for identifying Potential Donors;
- p) cooperate with IOPO in identifying, reporting, analyzing and preventing adverse events that may occur during Organ donation at Hospital, as specified in subsection 4(w) of this Agreement, and cooperate with IOPO in taking all steps deemed reasonably necessary to prevent the repetition of adverse events during Organ donation at Hospital; and
- q) prepare and implement written policies supporting a program for monitoring the effectiveness of its Organ donation and procurement program by collecting and analyzing records regarding Potential Donors and referrals to IOPO, and Hospital's Conversion Rate data, and, where possible, taking steps to improve the Conversion Rate

r) notify IOPO of any change in Hospital privileges, which affect the privilege of organ recovery, for any surgeon or other recovery personnel from the Hospital routinely recovering organs for IOPO;

6. Retention and Access to Records. In accordance with the Omnibus Reconciliation Act of 1980, 42 U.S.C. § 1395x(v)(I) and regulations thereunder, IOPO and Hospital agree that each shall retain and for four years after services are furnished by either hereunder, shall allow the Comptroller General of the United States and the United States Department of Health and Human Services, and their duly authorized representatives, access to this Agreement and to such of the books, documents and records of each as are necessary to verify the costs of services performed hereunder, provided that the said access is required by the cited law and regulations and further provided that the request for access complies with the procedural requirements of those regulations.

7. Independent Contractors. In the performance of all obligations hereunder, the relationship of Hospital and IOPO shall be that of independent contractors, and neither shall be deemed to be the partner or agent of the other, and no party shall withhold or in any way be responsible for the payment of any federal, state, or local income or occupational taxes, F.I.C.A. taxes, unemployment compensation or workers compensation contributions, or any other payments for or on behalf of any other party or any person on the payroll of any other party.

8. Professional Liability. IOPO and Hospital shall each, at all times, qualify and comply with the procedures to be and remain qualified health care providers pursuant to the Indiana Medical Malpractice Act, as amended, Indiana Code § 34-18-1 et seq. and shall maintain professional malpractice liability insurance coverage or other qualifying financial responsibility in accordance with the applicable liability limits or securities as specified therein, and pay the annual surcharges levied by the Indiana Department of Insurance.

9. Indemnification. Hospital and IOPO shall protect, defend, indemnify and hold harmless the other party from and against all claims, losses, demands, damages and causes of action, including reasonable attorney fees arising or in any way resulting from the indemnifying party's willful or negligent acts or omissions or the acts of the indemnifying party's agents or employees, in providing services pursuant to this Agreement. Said indemnification shall be limited to the maximum exposure permitted under Indiana Code § 34-18-1 et seq., unless insurance coverage in a greater amount is possessed by the indemnifying party.

10. Governing Law. This Agreement shall be controlled by and construed under, the laws and regulations of the State of Indiana and applicable federal laws and regulations.

11. Compliance with Social Security Act. The parties agree that all provisions of this Agreement shall be interpreted in such a manner as to comply with the requirements of Section 1138 of the Social Security Act, as added by Section 9318 of the Omnibus Budget Reconciliation Act of 1986 (42 U.S.C. § 1320b-8), and rules or regulations adopted pursuant to that law relating to Organ procurement.

12. Confidentiality of Patient Records. The parties agree to maintain the confidentiality of patient records pursuant to state and federal laws and regulations. However, to the extent permissible, the parties agree to cooperate in the exchange of information and records as may be necessary to carry out the terms of this Agreement, including obtaining information for inclusion in any IOPO originated donation chart as required by federal law. IOPO may disclose Donor medical and patient information to physicians providing treatment for Organ recipients, to Transplant Centers receiving Organs, Tissue and Eyes, to the local coroner, and as may otherwise be required by applicable laws or regulations. IOPO may disclose medical and billing information to institutions providing reimbursement of expenses related to Organ donation and procurement.
13. Termination. This Agreement shall remain in effect until terminated by either party. Termination may be made by either party upon 90 days prior written notice to the other.
14. Waiver. The failure of any one party hereto to enforce any breach or to enforce any lack of performance of any covenants or obligations contained herein shall not constitute the waiver of that breach or of any similar subsequent breach of this Agreement.
15. Amendment. This Agreement represents the entire agreement between the parties hereto, and supersedes any prior stipulation, agreement, or understanding of the parties, whether oral or written. Any modification of this Agreement shall be invalid unless stated in writing and signed by both parties hereto.
16. Notice. All communications, notices and demands of any kind which either party may be required or desires to give or serve upon the other party shall be made in writing and sent by registered or certified mail, postage prepaid, return receipt requested, to the following addresses:

Hospital:

Mary Ann Conroy
Terre Haute Regional Hospital
3901 S. 7th Street
Terre Haute, IN 0

IOPO:

Kellie K. Hanner, President/CEO
Indiana Organ Procurement Organization, Inc.
3760 Guion Rd
Indianapolis, IN 46222

Either party hereto may change its address specified for notices herein by designating a new address in accordance with this paragraph.

17. Separable Provisions. If any provisions hereof shall be, or shall be adjudged to be, unlawful or contrary to public policy, then that provision shall be deemed to be null and

separable from the remaining provisions hereof, and shall in no way affect the validity of this Agreement.

18. Discrimination. The parties hereby warrant that each party is and shall continue to be in compliance with the Civil Rights Act of 1964 and the Rehabilitation Act of 1973. No person shall, on account of race, color, religious creed, national origin, ancestry, sex, handicap or age be unlawfully excluded from participation in any program sponsored by either of the parties of this Agreement.

19. Debarment. IOPO and Hospital each represents and warrants to the other, that neither it nor any of its affiliates, officers, directors, subcontractors, or employees, is barred from participating in federal or state health care programs, or has been convicted of a criminal offense with respect to health care reimbursement. IOPO and Hospital shall notify the other immediately if the foregoing representation becomes untrue, or if it is notified by the Office of the Inspector General of the Department of Health and Human Services or other enforcement agencies that an investigation of IOPO or Hospital has begun which could lead to a sanction, debarment, or conviction.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives as of the day and year first written above.

Terre Haute Regional Hospital

INDIANA ORGAN PROCUREMENT
ORGANIZATION

By: _____

Printed: _____

Its: _____

Date: _____

"HOSPITAL"

By: _____

Printed: _____

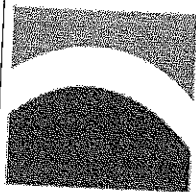
Its: _____

Date: _____

"IOPO"

Current Status: Active

PolicyStat ID: 900587



TERRE HAUTE
Regional
HOSPITAL

Original Issue: 07/1982
Reviewed: 09/2014
Last Revised: 08/2011
Expiration: 09/2017
Owner: Tabatha Donnelly: Director
of Critical Care
Department/Scope: IPC.ETH
References:

Organ and Tissue Donation After Death, IPC.ETH.009

PURPOSE:

- To provide guidelines for organ/tissue donation and define the role of Terre Haute Regional Hospital and organ and tissue procurement agencies.
- To maximize the identification of all potential organ, tissue, and eye donors; and to provide the option of donation to all potential donor families in accordance with Indiana House Enrolled Act No. 1118, "Required Request Law."
- To define the mechanism to document each referral in accordance with federal and state requirements.
- To provide a permanent record for the purpose of quality assurance and quality improvement.

PHILOSOPHY:

The life of each patient is considered of value, and appropriate medical care will be provided without regard to whether an anatomical gift is under consideration. However, when meaningful recovery is gone and death is imminent, consideration shall be given to securing suitable organs and tissues for transplantation.

Terre Haute Regional Hospital recognizes the importance of allowing those who wish to donate the opportunity in the hope that solace may be provided to the grieving family by their decision to participate in improving the quality of life for others. Additionally we recognize each person as a unity of body, mind and spirit who has been endowed with human dignity, rights, and responsibilities. And finally the hospital wishes to facilitate the donation of organs, tissues, and eyes in the broad interest of society and those awaiting transplantation, without infringing upon a family's deeply held beliefs, values, and rights.

The hospital will work cooperatively with its designated organ procurement organization, and contracted tissue and eye banks, to educate its own staff on donation issues and on the maintenance of potential donor patients while necessary testing and placement of donated organs, tissues and eyes take place.

The hospital will simultaneously support the on-site efforts of recovery agency staff that will work collaboratively with the hospital's medical staff to secure medical consultations and laboratory studies necessary to determine the suitability of organs, tissues and eyes for transplantation.

Referral Compliance Report will be discussed at the Ethics Committee Meetings.

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Lastly, the hospital will allow and support any necessary patient medical record reviews requested by organ, tissue and eye recovery agencies. Summary reporting from such reviews will be made available to appropriate regulatory and accrediting bodies for the purpose of illustrating compliance with regulatory agencies.

POLICY:

In accordance with Indiana's Uniform Anatomical Gift Act, Terre Haute Regional Hospital has developed policies and procedures that ensure routine referral of all deaths to the donor referral number. It is the responsibility of the procurement agency to determine suitability for organ, tissue, and eye donation. Only IOPO personnel or those trained and certified personnel will initiate the request of donation to the patient. Under Indiana Law, Drivers License is considered consent and will be assessed through procurement agency confirmation.

Anatomical gifts of all or any part of the decedent's body may be made for the purposes of education, research, therapy or transplantation. Transplantable organs include but are not limited to heart, kidneys, liver, lungs, pancreas, intestine, and small bowel. Transplantable tissues include but are not limited to bone, skin, connective tissue, cardiovascular tissue and eyes.

Transplant coordinators are available 24 hours to discuss and evaluate potential donors, assist with maintenance, discuss donation with the family, arrange for coroner's permission, assist with donor surgery after pronouncement of death, arrange payment for related expenses, and provide educational program on organ and tissue retrieval and transplantation.

PROCEDURE:

1. Referral of Inpatient Deaths

- A. On or before the occurrence of each death, the hospital shall contact the donor referral line at 1-800-356-7757. At this time, an initial determination of medical suitability for donation will be made. In cases of brain death, the referral must be called prior to terminating life-sustaining measure. All patients must be evaluated for donor suitability by the procurement agency prior to the patient's next-of-kin or Health care Proxy being approached about donation. Early Referral is recommended.
- B. The Nursing staff or Hospital Supervisor will be responsible for contacting Donor Referral Line at 1-800-356-7757.
- C. The referring person shall have the following information available:
 1. Patient's name, age, gender
 2. Patient's date, time, and cause of death
 3. Any available Past Medical History
- D. The Referral Number is documented on the Hospital Supervisor Death Verification Coroner Notification Check List by the Hospital Supervisor for all deaths occurring at Terre Haute Regional Hospital, including Emergency Department deaths and stillborns.

2. Declaration of Death

- A. Prior to the recovery of organs, tissue, or eyes, declaration of death will be made in accordance to Indiana Law. Clinical documentation will be made in the medical record by a licensed physician.
- B. The appropriate hospital staff will document the death as according to hospital policy.

3. Initial Evaluation of Potential Donor Candidates

- A. After consultation with the attending physician, designee will make the preliminary determination of suitability for donation. If suitability is NOT appropriate, the appropriate documentation per policy for deaths will be done.
- B. If patient is suitable, the process for requesting donation shall be initiated per the referral agency staff, unless designated to "Requestor."
- 4. Consent
 - A. Consent from the patient's legal next of kin is NOT necessary if legally executed document of gift, such as a donor card, driver's license or living will, evidencing a gift of organs, tissue or eyes has been executed by the patient's attorney-in-fact.
 - B. If a document of gift has NOT been executed, only procurement personnel shall present the option of donation. Discussion will be carried out in a manner that is discreet and sensitive to family circumstances.
 - C. In adults, the order or priority for giving consent by the legal-next-of-kin is:
 - 1. Spouse.
 - 2. Adult Child (18 years of age or older).
 - 3. Parent.
 - 4. Adult sibling.
 - 5. Legal guardian.
 - 6. Any other person authorized or under obligation to arrange for disposal of deceased's remains.
 - D. In minors, the order priority for giving consent by the legal next-of-kin is:
 - 1. Both parents.
 - 2. If both parents are not readily available and no contrary indications of the absent parent are known, one parent.
 - 3. Custodial parent if parents are divorced or legally separated.
 - 4. In the absence of the custodial parent, when no contrary indication of the absent parent are known, the non-custodial parent.
 - 5. If there are no parents, the legal guardian.
 - 6. Any person authorized to arrange for disposal of the deceased's remains.
 - E. In absence of a document of gift, consent from the legal next-of-kin must be secured prior to donation of organs, tissue or eyes. Consent may be obtained before or after patient's death. Consent shall be obtained either in writing, telegraphic, recorded telephonic consent through other recorded message. A copy of the consent or statement becomes part of the medical record.
- 5. Donor Management:
 - A. To facilitate organ recovery, the donor must be pronounced brain dead, and maintained on a ventilator for hemodynamic support for organ perfusion until organ recovery is complete.
 - 1. IOPO coordinators will be on-site to provide for optimal donor management and work in conjunction with the physician and Intensive Care Unit (ICU) staff.

2. IOPO coordinators will request medical consultation and laboratory studies to validate suitability of organs for transplant, monitor hemodynamics of the donor and treat according to accepted standards of practice.
3. IOPO coordinator will write donor management orders after declaration of death.
- B. No physician attending the patient prior to death or involved in the declaration of death shall participate in organ removal. The donor will remain in ICU while organs are being evaluated. Once all necessary test results have been reported and organs have been placed, the donor will be transferred to the operating room for organ retrieval.
6. Tissue Management:
If the potential donor is a candidate for tissue donation only, the body must be refrigerated until the tissue service or secondary tissue procurement team arrives.
7. Cornea/Whole Eye Management:
If the potential donor is a candidate for cornea or whole eye, the following steps should be taken:
 - A. Elevate head, either with pillow or by raising the head of the bed.
 - B. Close the eyes.
 - C. Place a sterile saline-soaked 4x4 gauze over the eyes.
 - D. Place ice in a sealed bag or glove over eyes.
8. Surgical Recovery and Utilization of Operating Room Facilities
 - A. Organ
 1. Once OR procedure time has been determined, the House Supervisor will be contacted and he/she will notify Anesthesia on-call and the general OR call RN, Orderly, and Scrub Technician with the time.
 2. The Surgical RN will schedule the patient under the IOPO account number in the OR scheduling module.
 3. The Surgical RN will document per the OR module on the IOPO account as per OR documentation guidelines including, but not limited to, documentation of procedure times and all supplies used.
 4. IOPO will be responsible for all the cost related to the organ donation process incurred at the request of the IOPO coordinator.
 5. Such cost shall include but are not limited to professional fees charged by physician, hospital costs, and transportation cost.
 6. When IOPO utilizes medical center facilities, personnel, supplies, equipment and/or other services in performing its duties under this agreement, IOPO shall make payment to Terre Haute Regional Hospital at current patient rate.
 7. Charges incurred by IOPO at Terre Haute Regional Hospital will be billed to IOPO within 30 days from the date of the occurrence.
 8. IOPO shall make payment within 30 days of the receipt of reconciled billing.
 9. The donor family will not be billed for donation-related charges incurred after the pronouncement of death.

B. Tissue

It is highly unlikely that charges will be incurred for a tissue donor since all personnel and supplies are provided by the procurement agency.

9. Continuing Education

Terre Haute Regional Hospital shall identify a liaison between the hospital and recovery services. The liaison shall develop a mechanism for routine education regarding identification criteria and the notification/referral process. This liaison will be responsible for reports to the Medical Ethics Committee in a timely fashion.

10. Referral Documentation

A. Written documentation showing the family, in absence of a signed documentation, accepts or declines the opportunity for donation.

B. Records of potential donors whose names have been sent to the referral service.

C. The referral service will provide the medical center with feedback on the referral and/or donor.

11. Donor Documentation

A. The procurement agency will provide documentation for inclusion in every donor's medical chart. There should always be a consent form that reflects either actual written consent by next of kin or documented verbal consent. Operative progress notes for organ donors should be in the donor's chart.

B. The procurement agency will provide documentation in progress notes when on site for evaluation of a potential organ donor.

12. Financial Arrangements

A. All charges associated with organ/tissue retrieval are at no expense to the donor family or hospital.

1. The donor's family, of course, remains responsible for all charges incurred for diagnosis and treatment of the donor's primary illness and for disposition of the body after procurement.

2. Hospital charges incurred solely as result of donor evaluation, donor maintenance, and the surgical removal are charged to the appropriate procurement service.

B. Appropriate manager should submit all information concerning costs associated with procurement to Business Office.

C. Once consent is signed the appropriate departments should be notified:

1. Hospital Supervisor

2. Surgery/Anesthesia

3. Pharmacy

4. Laboratory

5. Respiratory Care

6. Patient Access Services (PAS)

7. Any other department that may be involved in the care or treatment of the donor.

D. The registration office will re-register the organ donor as an observation patient and input the following information in Meditech:


1. Donor Name: IOPO, IOPO

2. Date of Birth: Social Security number/donor
3. Address and billing information
4. Confidential Status
5. Any cost for tissue retrieval will be referred to the appropriate tissue service.

REFERENCE:

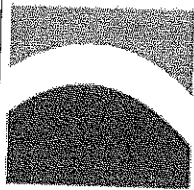
The Joint Commission standard TS.01.01.01

Attachments:

 Question Was This Death

	Approver	Date
	Courtney Robison: Executive Administrative Assistant	06/2014
	Heather Lark	06/2014
	Courtney Robison: Executive Administrative Assistant	06/2014
	Dr. Roland Kohr	08/2014
	Angela Ellis: Chief Nursing Officer	09/2014

COPY

**TERRE HAUTE
Regional
HOSPITAL**

Original Issue: N/A
Reviewed: N/A
Last Revised: N/A
Expiration: N/A
Owner: Carrie Malone: Director of
Trauma Services
Department/Scope: Trauma (ERT)
References:

Trauma Diversion Protocol, ERT.003**PURPOSE:**

Occasions may arise when one or more essential hospital resources are functioning at maximum capacity or otherwise unavailable and it is in the best interest of the trauma patient to be directed to an alternative facility for care.

POLICY:

- A. The need to go on "trauma divert" is a rare situation, but might occur in the following circumstances:
1. The emergency department is saturated: demand for critical care patient resources exceeds availability.
 2. Emergency department resources are fully committed due to an external disaster/multiple casualty event.
 3. Emergency department resources are unavailable due to an internal disaster or catastrophic mechanical failure.
 4. All available trauma surgeons are in the operating room.
 5. The operating room is functioning at full capacity; no surgical suites are expected to become available within one hour.
 6. General surgeons are overwhelmed with cases.
 7. The general surgeon is physically unable to operate.
- B. Neuro-surgery specific diversion:
1. It will be necessary to direct neuro-trauma interfacility transfers to a similar or higher level trauma center in the event that neurosurgical services are not offered at our facility.
- C. In such rare cases, the trauma surgeon in collaboration with the emergency department physician may recognize the need to divert trauma patients for a short period of time. The need to remain on divert status should be reviewed at least hourly to provide for the shortest possible time on divert.
- D. The diversion of trauma patients only pertains to incoming ambulance patients and not to walk-in patients. A patient incoming via ambulance while on "trauma divert" will be accepted if the EMS provider and monitoring physician determine that the patient is experiencing a condition such that transport to the next closest appropriate trauma hospital could reasonably result in increased morbidity or death. "Trauma divert" status is a request to EMS personnel to transport the patient to another facility. The patient or EMS

personnel may decline the request to divert provided they have been properly apprised of the potential for delayed treatment affecting the care of the patient. Ambulance patients who have arrived on hospital property will be admitted to the emergency department and evaluated by a physician regardless of the hospital's diversion status.

- E. Terre Haute Regional Hospital affirms that it will not be on diversion status for trauma more than five percent (5%) of the time in a rolling twelve (12) month period.

PROCEDURE:

A. Going on divert:

1. The trauma surgeon on call and the emergency department physician will collaborate and recognize the need to go on "trauma divert". They will notify the CEO and Trauma Medical Director for final decision in going on trauma divert.
2. The emergency department charge nurse notifies the following of trauma divert status:
 - a. Hospital administrator on call
 - b. Emergency department nursing staff
 - c. EMS dispatch center(s); request EMS personnel to call hospital early with patient information
 - d. Neighboring hospitals
3. The emergency department charge nurse logs time on and off diversion in "Trauma Divert Tracking Log".

- B. When contacted by EMS with information regarding a seriously injured trauma patient, the emergency department staff person taking report notifies the EMS crew that the hospital is on trauma divert and immediately puts the crew in contact with the emergency department physician. The physician will determine if the patient is to be seen in the emergency department or diverted to a nearby facility. The decision whether or not to divert must be accomplished very quickly in order to minimize the amount of time the patient spends in transit.

C. Going off divert:


1. The trauma surgeon and emergency physician must:
 - a. Continuously evaluate the need to remain on trauma divert.
 - b. Make the decision as to when the hospital is no longer on trauma divert.
 - c. Notify the emergency department charge nurse when no longer on trauma divert.
2. The emergency department charge nurse notifies:
 - a. CEO and Trauma Medical Director
 - b. Hospital administrator on call
 - c. Emergency department nursing staff
 - d. EMS dispatch center(s)
 - e. Neighboring hospitals
3. The emergency department charge nurse completes the "Trauma Divert Tracking Log" and forwards it to the Trauma Program Manager.

REFERENCES:

American College of Surgeons Committee on Trauma. (2014). *Resources for Optimal Care of the Injured Patient: 2014*. Chicago: American College of Surgeons.

Minnesota Department of Health. *Sample Level III Trauma Diversion Protocol and Trauma Divert Tracking Log*. Retrieved from Web 2 June 2013.

Attachments:

 A: Trauma Divert Tracking Log

DRAFT



**Terre Haute Regional Hospital
Trauma Divert Tracking Log**

Complete one form each time the hospital goes on divert

On divert

Date: _____ Time: _____

Determining physicians:

-ER _____

-Surgeon _____

Administrator notified: _____

Off divert

Date: _____ Time: _____

Determining physicians:

-ER _____

-Surgeon _____

Administrator notified: _____

Diverted patients

No patients diverted ☐

Date/Time: _____

Ambulance service: _____

Chief Complaint: _____

Diversion destination: _____

Date/Time: _____

Ambulance service: _____

Chief Complaint: _____

Diversion destination: _____

Date/Time: _____

Ambulance service: _____

Chief Complaint: _____

Diversion destination: _____

Please retain white copy in binder and forward yellow copy to Trauma Program Manager

Level II - Application

Diversion Log	Time on	Time off	Total Time on	Reason:
THRHI has not been on trauma diversion in the past 12 months at any time			Diversion	

Level II - Application

Diversion Log	Total Time on		Reason:
	Time on	Time off	
THRH has not been on trauma diversion in the past 12 months (October 2014 through September 2015) at any time			

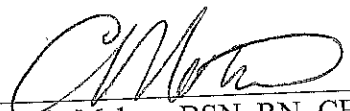


**Terre Haute Regional Hospital
Trauma Operational Process
Performance (TOPP) Committee**

All identified issues that are not provider related are reviewed in the Trauma TOPP (Trauma Operational Process Performance) Committee. This operational committee meets monthly and is multidisciplinary. The committee membership is as follows:

1. Trauma Medical Director
2. Trauma Program Manager
3. Trauma Surgeons
4. Neurosurgery Trauma Liaison
5. Orthopedic Trauma Liaison
6. Anesthesiology Trauma Liaison
7. Radiology Trauma Liaison
8. ED Liaison
9. ICU Liaison
10. VP Quality
11. Hospital Administration
12. Director of Surgical Services
13. Director of Emergency Services
14. Director of Plant OPS
15. EMS Medical Director
16. Disaster Coordinator
17. Director Case Management
18. Director of Respiratory
19. Director of Laboratory
20. Director of Radiology
21. Director of Rehabilitation
22. Director of Business Growth and Physician Relations
23. Director of Pharmacy
24. Director of Advanced Clinical Applications
25. Director of Operating Room
26. Director of Patient Access
27. Director of Education and Magnet
28. Director of Human Resources
29. Director of Critical Care
30. Director of Medical Surgical Units
31. Trauma Administrative Assistant


32. Trauma Educator/PI Coordinator



Carrie Malone BSN, RN, CEN
Director of Trauma Services
Terre Haute Regional Hospital

9/1/15

Date



Christine Toeys, MD
Trauma Medical Director
Terre Haute Regional Hospital

9-1-2015

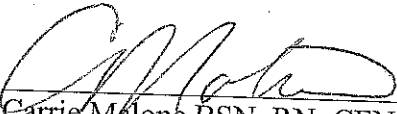
Date



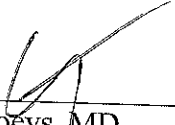
**Terre Haute Regional Hospital
Trauma Peer Review Committee
(TPRC)**

1. This multidisciplinary peer review committee meets monthly and includes a review trauma deaths, major complications, audit filters, and system issues.
2. Each committee member is responsible for acting as a conduit for information to their respective departments / divisions and will initiate loop closure along with participation in corrective action planning for issues pertaining to their department / division. The assigned Liaisons are responsible for providing documentation of loop closure.
3. The Trauma Medical Director may invite Trauma Call Panel Physicians as special guests if their presence would contribute to the case review and discussion. Trauma specific members of this committee are as follows:

- a. Trauma Medical Director
- b. Trauma Program Manager
- c. Emergency Medicine Trauma Liaison
- d. Orthopedic Surgery Trauma Liaison
- e. Neurosurgical Trauma Liaison
- f. Anesthesia Trauma Liaison
- g. Radiology Trauma Liaison
- h. ICU Liaison
- i. Trauma Call Panel Surgeons
- j. EMS Medical Director


Carrie Malone BSN, RN, CEN
Director of Trauma Services
Terre Haute Regional Hospital

9/1/15
Date


Christine Toevs, MD
Trauma Medical Director
Terre Haute Regional Hospital

9/1/2015
Date



Job Description

Job Title: ER RN	FLSA Status: Non-Exempt
Department: Emergency Department	Reports to: ER Director/Manager
Original Date: 01/2003	Date Reviewed/Revised: 9/2015

Position summary: This position is designed to plan, assess, implement, and evaluate the delivery of care to assigned ER patients.

Behavioral characteristics:

- Ability to handle multiple priorities
- Ability to make decisions under pressure
- Ability to manage anger, fear, and hostility
- Ability to handle stress appropriately
- Capable of working in close proximity to others and or in a distracting environment
- Capable of using initiative and good judgments
- Ability to work and communicate with all employees
- Pursues professional growth and development.
- Functions as a role model for current and new staff
- Demonstrates behaviors that are relative to the HCA Mission and Values Statement: "We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives."

Position responsibilities:

- Performs and directs nursing procedures, prescribed treatments, based on knowledge of principles and practice of Registered Nurse.
- In accordance with hospital policy, may insert I.V.'s, administer I.V. medications, and begin blood product transfusion.
- Observes and records patient reactions to medication, I.V. therapy, blood transfusion, and treatment.
- Triage patients by evaluating the patient's signs and symptoms; recording and reports the results. Sets priorities and modifies patient care in response to changing conditions by utilizing problem solving skills and exhibiting good judgment.
- Collaborates with physician regarding patient progress towards the outcome attainment. Assists physician during treatment and examination of patient and processes orders. Makes appropriate and timely notification to physician on patient condition changes.
- Receives and transcribes/checks physician's orders in a timely manner.
- Provides and documents patient and family education as needed.
- Assists in the interpretation of hospital policies to co-workers, patients, visitors and students.
- Communicates with supervisor regarding patient, staffing, and other issues.
- Communicates clinical outcomes with patient and family.

- Participates actively and constructively in quality improvement activities.
- All education and training are completed within the required time frame, including annual BLS.
- Performs efficiently with CPCS. Maintains ongoing training and proficiency with CPCS.
- Coordinates admission through discharge plans with case manager, patient, and family.
- Actively participates in the orientation of new personnel.
- Attends unit meeting, in-services, and other educational programs.
- Floats to other units as needed.
- Performs other functions as assigned to meet the needs of the department.
- Attend Code of Conduct training course annually
- Demonstrate an understanding of and adherence to HCA's Code of Conduct
- Demonstrates conduct that is reflective of THRH's commitment to HCA's Code of Conduct
- Understands and satisfies the needs of the patient population appropriate to the age of the patient served (adults, geriatric, adolescent, pediatric, and parents of neonates)
- Adheres to the Standards of Behavior for Terre Haute Regional Hospital as per the Customer Relations Policy

Essential educational/licensure, skills and experience:

- Graduation from an accredited school of nursing with current or pending licensure by the Indiana State Board of Nursing as a Registered Professional Nurse.
- BLS, ACLS, PALS or ENPC, and NIHSS obtained within first 6 months and maintained during employment
- Basic Arrhythmia Course within first 6 months
- TNCC obtained within one year of hire and maintained during employment
- Have a basic knowledge of TJC, CMS and ISBH standards, rules and regulations.
- Have a basic knowledge of "performance improvements" concepts and unit activities.

Valued but not required educational/licensure, skills and experience:

- Dependability/flexibility in meeting scheduling needs of the unit and Hospital
- Participates in QA activities as assigned by the Department Director

Physical demands and the work environment:

- *Physical demands:* This position will require you to lift 50 pounds or less frequently, lift up to 100 pounds occasionally. Walk and stand most of the day, bend and stoop frequently, push and pull equipment and carts on a regular basis. Manual dexterity (eye hand coordination). May be exposed to anger, fear, hostility and/or violence. May perform shift work. Maneuver weight of patients. May hear alarms and or recording devices. Reaching above the shoulder frequently. Repetitive wrist movements. Finger dexterity. On-Call Work. Acuity far and near. Depth Perception.
- *Work environment:* While performing the duties of this job, you will spend approximately 75% or more of your time inside. You may be exposed to blood or

body fluids, toxic/caustic/chemical detergents. Exposure to moving mechanical parts, and potential electric shock. You will be using latex gloves frequently. You may work in areas that are confined and /or crowded.

- *OSHA Category I:* Position has potential for contact with mucous membrane or skin contact with blood, body fluids, or tissues. Contact may also result from spills or splashes. Use of appropriate protective measures is required.
- *Cultural Competencies.* Employee supports facility diversity initiatives; communicates with people of all cultures in ways that build trust and respect; and completes mandatory education on cultural diversity.

Age Specific Competencies:

- ☒ Neonate: < 30 days
☒ Early Childhood: 1 and < 5 years
☒ Adolescent: 13 to <17 years
☒ Middle Adult: 30 to <60 years
☐ Not Applicable

- ☒ Infant: <1 year
☒ Late Childhood: 5 and <13 years
☒ Young Adult : 17 to < 30 years
☒ Older Adult: > 60 years

Acknowledgement

CONFIDENTIALITY – It is the responsibility of all Terre Haute Regional Hospital employees, contract employees, students, temporary agency employees, and volunteers to safeguard sensitive hospital information. The nature of our business and the economic well being of the hospital are dependent upon protecting and maintaining proprietary information. It is essential to remember that any information concerning a patient and his/her condition or hospital related information is a matter of strict confidence. Should you need to discuss patient information with an appropriate person, it must always be done in private.

I attest by my signature that I have read and fully understand the requirements for job performance as set forth in this job description. I also understand that this job description serves only as a guideline and is not an all encompassing document relevant to my expected performance. Lastly, I understand that the content of this job description is subject to change at any time as deemed necessary by the employer.

Signed:

Signature

Date

Printed Name

383

Job Description

Job Title: Registered Nurse	FLSA Status: Non-Exempt
Department: Intensive Care Unit	Reports to: Director of Critical Care
Original Date: 8/2001	Date Reviewed/Revised: 8/2014, 2/2015

Position summary: The ICU/CCU RN manages the nursing care of critically ill patients in accordance with established policies, procedures and protocols of the healthcare organization.

Behavioral characteristics:

- Sound mental and physical health. Neat, well groomed appearance.
- Personal qualities which contribute to good interpersonal relationships.
- Willingness to accept direction.
- Willingness to accept conditions of employment, as described in hospital policies and nursing standards.
- Dependable and good attendance.
- Ability to work and communicate with all employees.
- Demonstrates behaviors that are relative to the HCA Mission and Values Statement: "We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives."

Position responsibilities:

- Assesses plans and evaluates patient care needs.
- Carries out physician orders.
- Administers prescribed medications, changes dressings, cleans wounds, monitors vital signs.
- Provides respiratory and ventilator management and monitoring for patients.
- Serves as the primary coordinator of all disciplines for well coordinated patient care.
- Monitors, records and communicates patient condition as appropriate utilizing computerized documentation systems.
- Instructs and educates patients and families.
- Assesses and coordinates patient's discharge planning needs with members of the healthcare team.
- Provides age and culturally appropriate care.
- Orients and mentors new staff members.
- Follows Standard Precautions using personal protective equipment as required
- Attend Code of Conduct training course annually
- Demonstrate an understanding of and adherence to HCA's Code of Conduct
- Demonstrates conduct that is reflective of THRH's commitment to HCA's Code of Conduct
- Understands and satisfies the needs of the patient population appropriate to the age of the patient served (adults, geriatric, adolescent, pediatric, and parents of

neonates)

- Must Adhere to the Standards of Behavior for Terre Haute Regional Hospital as per the Customer Relations Policy

Essential educational/licensure, skills and experience:

- Current licensure as an RN.
- Current certification as a BLS Healthcare Provider. ACLS and NIHSS certification must be obtained within first six months of hire date and BLS, ACLS, and NIHSS certifications must be maintained throughout employment with Terre Haute Regional Hospital.
- Graduate of an accredited school of professional nursing.
- ICU nurses working in Charge role must have current PALS and TNCC certification and must be maintained throughout employment of Terre Haute Regional Hospital.
- Two years or more experience in Med Surg or Critical Care required.
- Customer service abilities including effective listening skills.
- Critical thinking skills, decisive judgment and the ability to work with minimal supervision in a fast paced environment.
- Ability to perform work that requires frequent standing, bending, reaching, squatting, kneeling, moving, lifting of patients and/or equipment up to 50 pounds.

Valued but not required educational/licensure, skills and experience:

- At least two or more years experience in Critical Care

Physical demands and the work environment:

- *Physical demands:* This position will require you to lift 50 pounds or less frequently, lift up to 100 pounds occasionally. Walk and stand most of the day, bend and stoop frequently, push and pull equipment and carts on a regular basis. Manual dexterity (eye hand coordination). May be exposed to anger, fear, hostility and/or violence. May perform shift work. Maneuver weight of patients. May hear alarms and or recording devices. Reaching above the shoulder frequently. Repetitive wrist movements. Finger dexterity. On-Call Work. Acuity far and near. Depth Perception.
- *Work environment:* While performing the duties of this job, you will spend approximately 75% or more of your time inside. You may be exposed to blood or body fluids, toxic/caustic/chemical detergents. Exposure to moving mechanical parts, and potential electric shock. You will be using latex gloves frequently. You may work in areas that are confined and /or crowded.
- *OSHA Category I:* Position has potential for contact with mucous membrane or skin contact with blood, body fluids, or tissues. Contact may also result from spills or splashes. Use of appropriate protective measures is required.
- *Cultural Competencies:* Employee supports facility diversity initiatives; communicates with people of all cultures in ways that build trust and respect; and completes mandatory education on cultural diversity.

Age Specific Competencies:☒ Neonate: < 30 days☒ Early Childhood: 1 and < 5 years☒ Adolescent: 13 to <17 years☒ Middle Adult: 30 to <60 years☐ Not Applicable☒ Infant: <1 year☒ Late Childhood: 5 and <13 years☒ Young Adult : 17 to < 30 years☒ Older Adult: > 60 years**Acknowledgement**

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Signed:

Signature

Date

Printed Name



Terre Haute Regional Hospital ED Certification Rates

Terre Haute Regional Hospital's Emergency Department is committed to providing optimal care to the injured patient, ensuring that nursing staff is credentialed appropriately to care for trauma patients.

Certification	% of staff complete
ACLS	94%
PALS	90%
TNCC	94%
TCAT	6%
CEN	16%
ATCN	0
ENPC	6%
PHTLS	6%
NRP	6%
PEPP	0
CFRN	6%

A handwritten signature in cursive script that reads "Andrea Helman".

Andrea Helman, MSN, RN
Interim Director of Emergency Services
Terre Haute Regional Hospital

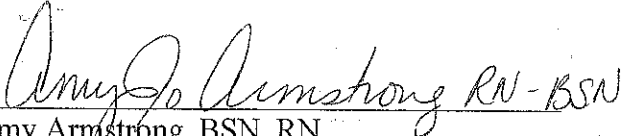
9-3-15
Date



Terre Haute Regional Hospital ICU Certification Rates

Terre Haute Regional Hospital's Intensive Care Unit is committed to providing optimal care to the injured patient, ensuring that nursing staff is credentialed appropriately to care for trauma patients. At our facility, ICU charge nurses are members of the highest level trauma activation team, and are required to be TNCC certified. All other ICU nurses are expected to take our 2 day, in-house trauma course, Trauma Care After Initial Resuscitation (TCAT).

Certification	% of staff complete
ACLS	100%
PALS	50%
TNCC	50%
TCAT	100%
CCRN	10%


Amy Armstrong, BSN, RN
ICU Manager
Terre Haute Regional Hospital

9/11/15
Date

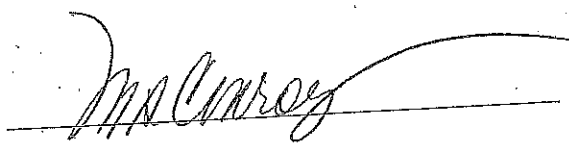
BOARD RESOLUTION

A RESOLUTION AFFIRMING THE TERRE HAUTE REGIONAL HOSPITAL BOARD OF TRUSTEES APPROVAL OF THE ESTABLISHMENT OF TERRE HAUTE REGIONAL HOSPITAL AS AN INDIANA "IN THE PROCESS" LEVEL II TRAUMA CENTER.

WHEREAS: there is an identified need for Level II trauma services in the city of Terre Haute in Vigo County, and in the surrounding regions and the development and maintenance of a Level II trauma center has been shown to increase the quality of trauma care, with distinct positive impact on morbidity and mortality outcomes;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF TERRE HAUTE REGIONAL HOSPITAL: The Board of Trustees affirms its commitment to establish a Level II Trauma Center, applying to the Indiana State Trauma Care Committee and Indiana Department of Homeland Security for Indiana state designation as an "In the Process" Level II Trauma Center. Terre Haute Regional Hospital will pursue verification by the American College of Surgeons within 1 year of application and achieve ACS verification within 2 years of the granting of "in the process" status. It is understood that if the hospital does not pursue verification within one year of application and/or does not achieve ACS verification within 2 years of the granting of "in the process" status, that this status will be immediately revoked and void and have no effect whatsoever.

PASSED, ADOPTED AND APPROVED, THIS 25th DAY OF NOVEMBER, 2014.


Mary Ann Conroy, CEO
TERRE HAUTE REGIONAL HOSPITAL



Pat Raulston, Chairman
BOARD OF TRUSTEES

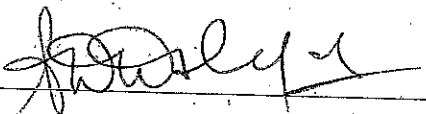
The Medical Staff of Terre Haute Regional Hospital

RESOLUTION

WHEREAS: there is an identified need for Level II trauma services in the city of Terre Haute in Vigo County, and in the surrounding regions and the development and maintenance of a Level II trauma center has been shown to increase the quality of trauma care, with distinct positive impact on morbidity and mortality outcomes;

BE IT RESOLVED: the Medical Staff of Terre Haute Regional Hospital, as represented by the members of the Medical Executive Committee, acknowledges the commitment to establish a Level II Trauma Center, applying to the Indiana State Trauma Care Committee and Indiana Department of Homeland Security for Indiana state designation as an "In the Process" Level II Trauma Center. Terre Haute Regional Hospital will pursue verification by the American College of Surgeons within 1 year of application and achieve ACS verification within 2 years of the granting of "in the process" status. It is understood that if the hospital does not pursue verification within one year of application and/or does not achieve ACS verification within 2 years of the granting of "in the process" status, that this status will be immediately revoked and void and have no effect whatsoever.

Approved by the Medical Executive Committee this 19th day of NOVEMBER, 2014.



Ajay Deshpande, MD

11/19/14

Date

Chief of Staff

Acute Surg Scheduling
Hospital Grouping Master

July		THRH1	THRH2	July
WED	1	Toevs	Ahmed	WED 1
THU	2	Toevs	Ahmed	THU 2
FRI	3	Toevs	Ahmed	FRI 3
SAT	4	Toevs	Ahmed	SAT 4
SUN	5	Toevs	Ahmed	SUN 5
MON	6	Toevs	Ahmed	MON 6
TUE	7	Toevs	Ahmed	TUE 7
WED	8	Toevs	Ahmed	WED 8
THU	9	Toevs	Ahmed	THU 9
FRI	10	Toevs	Ahmed	FRI 10
SAT	11	Toevs	Ahmed	SAT 11
SUN	12	Toevs	Kim	SUN 12
MON	13	Toevs	Kim	MON 13
TUE	14	Toevs	Kim	TUE 14
WED	15	Toevs	Kim	WED 15
THU	16	Toevs	Kim	THU 16
FRI	17	Toevs	Kim	FRI 17
SAT	18	Toevs	Kim	SAT 18
SUN	19	Toevs	Kim	SUN 19
MON	20	Toevs	Kim	MON 20
TUE	21	Toevs	Aucar	TUE 21
WED	22	Toevs	Aucar	WED 22
THU	23	Toevs	Aucar	THU 23
FRI	24	Toevs	Aucar	FRI 24
SAT	25	Toevs	Aucar	SAT 25
SUN	26	Toevs	Aucar	SUN 26
MON	27	Toevs	Aucar	MON 27
TUE	28	Toevs	Aucar	TUE 28
WED	29	Toevs	Ahmed	WED 29
THU	30	Toevs	Ahmed	THU 30
FRI	31	Toevs	Ahmed	FRI 31
July		THRH1	THRH2	July

Trauma / ICU call

391

Acute Surg. .Scheduling
Hospital Grouping Master

Trauma / 1st call

392

August	THRH1	THRH2	August
SAT 1	Toevs	Ahmed	SAT 1
SUN 2	Toevs	Ahmed	SUN 2
MON 3	Toevs	Ahmed	MON 3
TUE 4	Toevs	Ahmed	TUE 4
WED 5	Kim	Ahmed	WED 5
THU 6	Kim	Ahmed	THU 6
FRI 7	Kim	Ahmed	FRI 7
SAT 8	Kim	Aucar	SAT 8
SUN 9	Kim	Aucar	SUN 9
MON 10	Kim	Aucar	MON 10
TUE 11	Kim	Aucar	TUE 11
WED 12	Ahmed	Aucar	WED 12
THU 13	Ahmed	Aucar	THU 13
FRI 14	Ahmed	Aucar	FRI 14
SAT 15	Ahmed	Thomae	SAT 15
SUN 16	Ahmed	Thomae	SUN 16
MON 17	Ahmed	Bini	MON 17
TUE 18	Ahmed	Bini	TUE 18
WED 19	Ahmed	Bini	WED 19
THU 20	Ahmed	Bini	THU 20
FRI 21	Ahmed	Bini	FRI 21
SAT 22	Toevs	Bini	SAT 22
SUN 23	Toevs	Bini	SUN 23
MON 24	Toevs	Bauer	MON 24
TUE 25	Toevs	Bauer	TUE 25
WED 26	Toevs	Bauer	WED 26
THU 27	Toevs	Bauer	THU 27
FRI 28	Toevs	Bauer	FRI 28
SAT 29	Toevs	Bauer	SAT 29
SUN 30	Toevs	Bauer	SUN 30
MON 31	Toevs	Bauer	MON 31
August	THRH1	THRH2	August

Acute Surg Scheduling Hospital Grouping Master

Trauma / 1st call

393


September	THRH1	THRH2	September
TUE 1	Toevs	Blondeau	TUE 1
WED 2	Toevs	Blondeau	WED 2
THU 3	Toevs	Blondeau	THU 3
FRI 4	Toevs	Blondeau	FRI 4
SAT 5	Toevs	Blondeau	SAT 5
SUN 6	Toevs	Blondeau	SUN 6
MON 7	Blondeau	Bauer	MON 7
TUE 8	Thomae	Bauer	TUE 8
WED 9	Thomae	Bauer	WED 9
THU 10	Thomae	Bauer	THU 10
FRI 11	Thomae	Bauer	FRI 11
SAT 12	Thomae	Bauer	SAT 12
SUN 13	Thomae	Bauer	SUN 13
MON 14	Bauer	Blondeau	MON 14
TUE 15	Bauer	Blondeau	TUE 15
WED 16	Bauer	Blondeau	WED 16
THU 17	Bauer	Blondeau	THU 17
FRI 18	Bauer	Blondeau	FRI 18
SAT 19	Bauer	Blondeau	SAT 19
SUN 20	Bauer	Blondeau	SUN 20
MON 21	Bauer	Thomae	MON 21
TUE 22	Toevs	Thomae	TUE 22
WED 23	Toevs	Thomae	WED 23
THU 24	Toevs	Thomae	THU 24
FRI 25	Toevs	Thomae	FRI 25
SAT 26	Toevs	Thomae	SAT 26
SUN 27	Toevs	Thomae	SUN 27
MON 28	Toevs	Ahmed	MON 28
TUE 29	Toevs	Ahmed	TUE 29
WED 30	Toevs	Ahmed	WED 30
September	THRH1	THRH2	September




Terre Haute Regional Hospital Explanation of Trauma Call Schedule

The Trauma Surgeons at Terre Haute Regional Hospital are scheduled in 12 hours shifts. On each day there are 2 trauma surgeons scheduled. These 2 surgeons provide back-up coverage for each other. For example:

Trauma Surgeon 1 -- Primary 7a -- 7p
 Back-up 7p -- 7a
Trauma Surgeon 2 -- Back-up 7a -- 7p
 Primary 7p -- 7a


Carrie Malone BSN, RN, CEN
Director of Trauma Services
Terre Haute Regional Hospital

9/4/15
Date


Christine Toevs, MD
Trauma Medical Director
Terre Haute Regional Hospital

9.4.2015
Date

Terre Haute Regional Hospital Trauma Operational Process Performance (TOPP) Membership and Meetings

Total Number of Operational
Process Performance Committee
meetings held last year:

3

Meetings

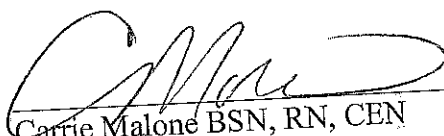
Operational Process Performance Committee Member Name	7/7/2015	8/4/2015	9/1/2015	10/13/2015	11/3/2015	12/1/2015	Overall Attendance	Overall Attendance Percentage
Specialty Represented								
Director Radiology	X	X	X				3	100%
Trauma Surgeon	X	X	X				3	100%
Trauma Surgeon	X		X				2	67%
Trauma Surgeon	X	X					2	67%
Trauma Surgeon	X	X	X				2	67%
Trauma Surgeon			X				1	33%
Trauma Surgeon	X	X	X				2	67%
Neurosurgery Liaison	X	X					2	67%
Trauma Surgeon	X		X				1	33%
VP Quality	X						2	67%
CEO	X		X				3	100%
Director of Physician Relations	X	X	X				0	0%
CFO		X					2	67%
Director Critical Care/Respiratory	X	X					2	67%
CNO	X	X	X				2	67%
Director of Surgical Services		X	X				2	67%
Trauma Educator/ PI/IP Nurse		X	X				3	100%
EMS Medical Director	X	X	X				1	33%
Patient Access Director		X					3	100%
Orthopedic Liaison	X	X	X				3	100%
Interim Director of Emergency Services	X	X	X				2	67%
Director of Advanced Clinical Apps	X	X					2	67%
Director of Pharmacy		X	X				3	100%
Director of Case Management	X	X	X				2	67%
Trauma Surgeon	X	X	X				3	100%
Trauma Physician Assistant	X	X	X				3	100%
Director of Lab and Blood Bank	X	X	X				0	0%
Director of Education and Magnet							3	100%
Director of Trauma Services	X	X	X				3	100%
Anesthesiology Liaison	X	X	X				3	100%
Director of Human Resources	X	X	X				3	100%
Director of Med Surg/Oncology	X	X	X				1	33%
COO			X					

Sanders, Don	Director of Plant Operations	X							1	33%
Singh, Dr. Ajit	Hospitalist Medical Director								0	0%
Skulski, Dr. Mike	Radiology Liaison	X		X					3	100%
Thomae, Dr. Keith	Trauma Surgeon			X					2	67%
Toevs, Dr. Christine	TMD/ICU Liaison	X		X					3	100%
Young, Mindy	Disaster Coordinator	X							1	33%
White, Janet	Director Rehab	X		X					3	100%
Worley, Dr. Zachary	ED Liaison	X		X					3	100%
Zachary, Tori	Trauma Admin Assistant	X		X					3	100%



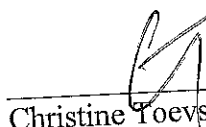
**Terre Haute Regional Hospital
TOPP Exception**

Dr. Benoit Blondeau is a new Trauma Surgeon who just started with the Terre Haute team on September 1, 2015. Because of this, he is the only trauma surgeon on our call rotation who has only attended one TOPP meeting at the time of the mailing of this application. He will be in attendance at the October 13, 2015 TOPP meeting, which will result in his meeting of the minimum requirement of 2 meetings prior to application submission. We will forward the updated spreadsheet documenting his attendance immediately following the meeting.



Carrie Malone BSN, RN, CEN
Director of Trauma Services
Terre Haute Regional Hospital

9/1/15
Date



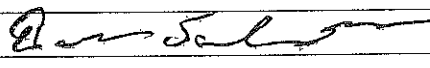
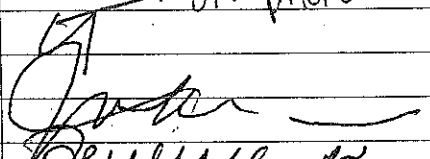
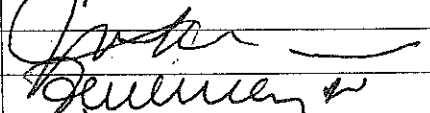
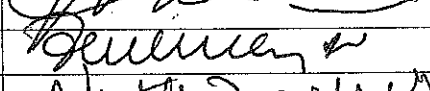
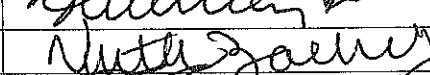
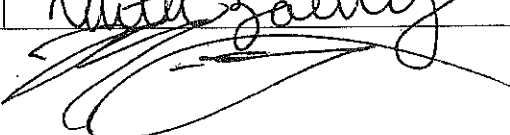
Christine Toevs, MD
Trauma Medical Director
Terre Haute Regional Hospital

9-1-2015
Date



Terre Haute Regional Hospital
Trauma Operational Process Performance (TOPP) Committee
 July 7, 2015

Name	Signature
Adamson, Bruce - Director Radiology	<i>Bruce Adamson</i>
Ahmed, Dr. Mohamed - Trauma Surgeon	<i>Dr. Mohamed Ahmed</i>
Anguay, Dr. John - Trauma Surgeon	<i>Dr. John Anguay</i>
Aucar, Dr. John - Trauma Surgeon	<i>Dr. John Aucar</i>
Bauer, Dr. Paul - Trauma Surgeon	<i>Dr. Paul Bauer</i>
Bini, Dr. John - Trauma Surgeon	<i>Dr. John Bini</i>
Bowles, Dr. Alfred - Neurosurgery Liaison	<i>Dr. Alfred Bowles</i>
Burris, Dr. Jennifer - Trauma Surgeon	<i>Dr. Jennifer Burris</i>
Cioli, Marsha - VP Quality	<i>Marsha Cioli</i>
Conroy, Mary Ann - CEO	<i>Mary Ann Conroy</i>
Cook, Lisa - Director of Business Growth/MD Relations	<i>Lisa Cook</i>
Crouch, Jason - ED Director	<i>Jason Crouch</i>
Daneff, Jeff - CFO	<i>Jeff Daneff</i>
Donnelly, Tabby - Director Critical Care/Resp	<i>Tabby Donnelly</i>
Ellis, Angela - CNO	<i>Angela Ellis</i>
Farris, Michelle - Director OR	<i>Michelle Farris</i>
Fell, Brittanie - Trauma Educator/PI/IP Coordinator	<i>Brittanie Fell</i>
Gamble, Dr. Mike - EMS Medical Director	<i>Dr. Mike Gamble</i>
Gregg, Alexis - Interim Patient Access Director	<i>Alexis Gregg</i>
Heiney, Dr. Jake - Orthopedic Liaison	<i>Dr. Jake Heiney</i>
Helman, Dave - Director of Advanced Clinical Apps	<i>Dave Helman</i>
Helman, Hannah - Director of Pharmacy	<i>Hannah Helman</i>
Hoopingarner, Kelly - Director Case Management	<i>Kelly Hoopingarner</i>
Hunt, Dr. Darryl - Trauma Surgeon	<i>Dr. Darryl Hunt</i>
Kim, Dr. Elizabeth - Trauma Surgeon	<i>Dr. Elizabeth Kim</i>
Lock, Rebecca - Lab Director	<i>Rebecca Lock</i>
Magee, Lori - Director Education and Magnet	<i>Lori Magee</i>
Malone, Carrie - Director Trauma Services	<i>Carrie Malone</i>
Milhoan, Dr. Rusty - Trauma Surgeon	<i>Dr. Rusty Milhoan</i>
Morgos, Dr. Samuel - Anesthesiology Liaison	<i>Dr. Samuel Morgos</i>
Nutgrass, Terri - Director Human Resources	<i>Terri Nutgrass</i>
Pender, Katrina - Director Med Surg/Onc	<i>Katrina Pender</i>
Matt Lee - PA	<i>Matt Lee</i>

Prestridge, Tim - COO	
Sanders, Don - Director Plant Ops	
Schmidt, Dr. Steven - Director of Anesthesiology	
Skulski, Dr. Mike - Radiology Liaison	on phone
Toevs, Dr. Christine - TMD/ICU Liaison	
Young, Mindy - Plant OPS/Disaster Coordinator	
White, Janet - Director Rehab	
Worley, Dr. Zack - ED Liaison	
Zachary, Victoria - Trauma Admin Assistant	

Matt Lee



Terre Haute Regional Hospital
Trauma Operational Process Performance (TOPP) Committee
 August 4, 2015

Name	Signature
Adamson, Bruce - Director Radiology	<i>Bruce Adamson</i>
Ahmed, Dr. Mohamed - Trauma Surgeon	<i>[Signature]</i>
Anguay, Dr. John - Trauma Surgeon	<i>[Signature]</i>
Aucar, Dr. John - Trauma Surgeon	
Bauer, Dr. Paul - Trauma Surgeon	
Bini, Dr. John - Trauma Surgeon	<i>on phone</i>
Bowles, Dr. Alfred - Neurosurgery Liaison	<i>on phone</i>
Burris, Dr. Jennifer - Trauma Surgeon	<i>ABurris</i>
Ciulli, Marsha - VP Quality	
Conroy, Mary Ann - CEO	
Cook, Lisa - Director of Business Growth/MD Relations	<i>L Cook</i>
Fay, Kym - Interim ED Director	<i>Kym Fay</i>
Daneff, Jeff - CFO	
Donnelly, Tabby - Director Critical Care/Resp	<i>Tabby Donnelly</i>
Ellis, Angela - CNO	
Farris, Michelle - Director OR	<i>Bracel</i>
Fell, Brittanie - Trauma Educator/PI/IP Coordinator	<i>Brittanie Fell</i>
Gamble, Dr. Mike - EMS Medical Director	<i>mgambel</i>
Gregg, Alexis - Interim Patient Access Director	<i>Alexis Gregg</i>
Heiney, Dr. Jake - Orthopedic Liaison	<i>on phone</i>
Helman, Dave - Director of Advanced Clinical Apps	<i>[Signature]</i>
Helman, Hannah - Director of Pharmacy	<i>[Signature]</i>
Hoopingarner, Kelly - Director Case Management	<i>Kelly Hoopingarner</i>
Hunt, Dr. Darryl - Trauma Surgeon	
Kim, Dr. Elizabeth - Trauma Surgeon	
Lee, Matt - Trauma Physician Assistant	<i>on phone</i>
Lock, Rebecca - Lab Director	<i>[Signature]</i>
Magee, Lori - Director Education and Magnet	<i>[Signature]</i>
Malone, Carrie - Director Trauma Services	<i>Carrie Malone</i>
Milhoan, Dr. Rusty - Trauma Surgeon	
Morgos, Dr. Samuel - Anesthesiology Liaison	<i>[Signature]</i>
Nutgrass, Terri - Director Human Resources	<i>on phone</i>

Pender, Katrina - Director Med Surg/Onc	Pender
Prestridge, Tim - COO	
Sanders, Don - Director Plant Ops	
Schmidt, Dr. Steven - Director of Anesthesiology	
Skulski, Dr. Mike - Radiology Liaison	on phone
Thomae, Dr. Keith - Trauma Surgeon	on phone
Toeys, Dr. Christine - TMD/ICU Liaison	✓
Young, Mindy - Plant OPS/Disaster Coordinator	
White, Janet - Director Rehab	Quinn
Worley, Dr. Zack - ED Liaison	Worley
Zachary, Victoria - Trauma Admin Assistant	Andrew

Speros, Rebecca - Rehab, Therapy Lead
 Connect, Brad
 Rebecca Speros



Terre Haute Regional Hospital
Trauma Operational Process Performance (TOPP) Committee
 September 1, 2015

Name	Signature
Adamson, Bruce - Director Radiology	
Ahmed, Dr. Mohamed - Trauma Surgeon	on phone
Anguay, Dr. John - Trauma Surgeon	
Aucar, Dr. John - Trauma Surgeon	
Bauer, Dr. Paul - Trauma Surgeon	on phone
Bini, Dr. John - Trauma Surgeon	
Blondeau, Benoit - Trauma Surgeon	on phone
Bowles, Dr. Alfred - Neurosurgery Liaison	
Burris, Dr. Jennifer - Trauma Surgeon	
Cioli, Marsha - VP Quality	on phone
Conroy, Mary Ann - CEO	
Cook, Lisa - Director of Business Growth/MD Relations	
Daneff, Jeff - CFO	
Donnelly, Tabby - Director Critical Care/Resp	
Ellis, Angela - CNO	
Farris, Michelle - Director OR	
Fell, Brittanie - Trauma Educator/PI/IP Coordinator	
Gamble, Dr. Mike - EMS Medical Director	
Gregg, Alexis - Interim Patient Access Director	
Heiney, Dr. Jake - Orthopedic Liaison	
Helman, Andrea - Interim Director of ED	on phone
Helman, Dave - Director of Advanced Clinical Apps	
Helman, Hannah - Director of Pharmacy	
Hoopingarner, Kelly - Director Case Management	on phone
Hunt, Dr. Darryl - Trauma Surgeon	
Kim, Dr. Elizabeth - Trauma Surgeon	
Lock, Rebecca - Lab Director	
Magee, Lori - Director Education and Magnet	
Malone, Carrie - Director Trauma Services	
Milhoan, Dr. Rusty - Trauma Surgeon	
Mutgrass, Terri - Director Human Resources	
Norgos, Dr. Samuel - Anesthesiology Liaison	

Pender, Katrina - Director Med Surg/Onc	Katrina Pender
Prestridge, Tim - COO	on phone
Sanders, Don - Director Plant Ops	
Singh, Dr. Ajit - Hospitalist Medical Director	
Skulski, Dr. Mike - Radiology Liaison	on phone
Thomae, Dr. Keith - Trauma Surgeon	on phone
Toeves, Dr. Christine - TMD/ICU Liaison	CT
Young, Mindy - Plant OPS/Disaster Coordinator	
White, Janet - Director Rehab	
Worley, Dr. Zack - ED Liaison	
Zachary, Victoria - Trauma Admin Assistant	
Matt Lee	

Total Number of Trauma Peer Review Committee meetings held last year:

Terre Haute Regional Hospital Trauma Peer Review Committee (TPRC) Membership and Meetings

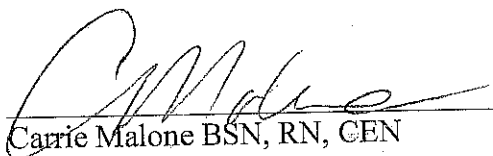
Trauma Peer Review		7/7/2015	8/4/2015	9/1/2015	10/13/2015	11/3/2015	12/1/2015	Overall Attendance	Overall Attendance Percentage
Committee Member Name	Specialty Represented								
Ahmed, Dr. Mohamed	Trauma Surgeon	X	X	X				3	100%
Aucar, Dr. John	Trauma Surgeon	X		X					67%
Bauer, Dr. Paul	Trauma Surgeon	X	X					2	67%
Bini, Dr. John	Trauma Surgeon		X	X				2	67%
Blondeau, Dr. Benoit	Trauma Surgeon		X	X				2	67%
Bowles, Dr. Alfred	Neurosurgery Liaison	X	X	X				1	33%
Burris, Dr. Jennifer	Trauma Surgeon	X	X	X				3	100%
Cioli, Marsha	VP Quality	X		X				2	67%
Fell, Brittanie	Trauma Educator/ PI/IP Nurse							1	33%
Gamble, Dr. Michael	EMS Medical Director	X	X	X				2	67%
Heiney, Dr. Jake	Orthopedic Liaison	X	X	X				3	100%
Kim, Dr. Elizabeth	Trauma Surgeon	X	X	X				3	100%
Lee, Matt	Trauma Physician Assistant	X	X					2	67%
Malone, Carrie	Director of Trauma Services	X	X	X				3	100%
Morgos, Dr. Samuel	Anesthesiology Liaison	X	X	X				3	100%
Singh, Dr. Ajit	Hospitalist Medical Director		X	X				3	100%
Skulski, Dr. Mike	Radiology Liaison	X	X	X				0	0%
Thomae, Dr. Keith	Trauma Surgeon		X	X				3	100%
Toews, Dr. Christine	TMD/ICU Liaison	X	X	X				2	67%
Worley, Dr. Zachary	ED Liaison	X	X	X				3	100%
Zachary, Tori	Trauma Admin Assistant	X	X	X				3	100%
								3	100%

404



**Terre Haute Regional Hospital
TPRC Exception**

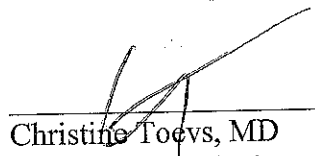
Dr. Benoit Blondeau is a new Trauma Surgeon who just started with the Terre Haute team on September 1, 2015. Because of this, he is the only trauma surgeon on our call rotation who has only attended one TPRC meeting at the time of the mailing of this application. He will be in attendance at the October 13, 2015 TPRC meeting, which will result in his meeting of the minimum requirement of 2 meetings prior to application submission. We will forward the updated spreadsheet documenting his attendance immediately following the meeting.



Carrie Malone BSN, RN, CEN
Director of Trauma Services
Terre Haute Regional Hospital

9/1/15

Date



Christine Toevs, MD
Trauma Medical Director
Terre Haute Regional Hospital

9.1.2015

Date




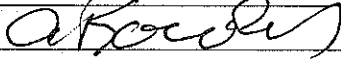
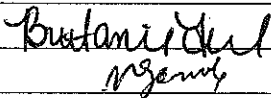
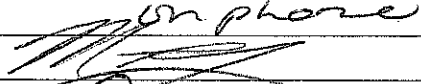
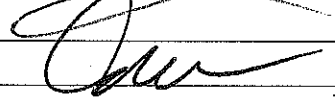
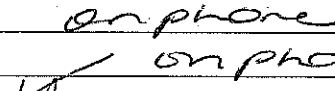
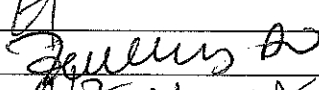
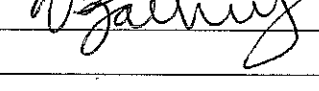
Terre Haute Regional Hospital
Trauma Peer Review Committee (TPRC)
July 7, 2015

Name	Signature
Ahmed, Dr. Mohamed – Trauma Surgeon	
Anguay, Dr. John – Trauma Surgeon	on phone
Aucar, Dr. John – Trauma Surgeon	on phone
Bauer, Dr. Paul – Trauma Surgeon	on phone
Bini, Dr. John – Trauma Surgeon	
Bowles, Dr. Alfred – Neurosurgery Liaison	present
Burris, Dr. Jennifer – Trauma Surgeon	on phone
Heiney, Dr. Jake – Orthopedic Liaison	on phone
Hunt, Dr. Darryl – Trauma Surgeon	
Kim, Dr. Elizabeth – Trauma Surgeon	on phone
Malone, Carrie – Director Trauma Services	present
Milhoan, Dr. Rusty – Trauma Surgeon	
Morgos, Dr. Samuel - Anesthesiology Liaison	
Schmidt, Dr. Steven – Director of Anesthesiology	
Skulski, Dr. Mike – Radiology Liaison	on phone
Toeys, Dr. Christine – TMD/ICU Liaison	
Worley, Dr. Zack – ED Liaison	Zack Worley
Zachary, Victoria – Trauma Admin Assistant	present

Michael Jawle



Terre Haute Regional Hospital
Trauma Peer Review Committee (TPRC)
 August 4, 2015

Name	Signature
Ahmed, Dr. Mohamed – Trauma Surgeon	
Anguay, Dr. John – Trauma Surgeon	
Aucar, Dr. John – Trauma Surgeon	
Bauer, Dr. Paul – Trauma Surgeon	on phone
Bini, Dr. John – Trauma Surgeon	on phone
Bowles, Dr. Alfred – Neurosurgery Liaison	
Burris, Dr. Jennifer – Trauma Surgeon	
Cioli, Marsha – VP Quality	
Fell, Brittanie – Trauma PI Coordinator	
Gamble, Dr. Mike – EMS Medical Director	on phone
Heiney, Dr. Jake – Orthopedic Liaison	on phone
Kim, Dr. Elizabeth – Trauma Surgeon	
Lee, Matt – Trauma Physician Assistant	
Malone, Carrie – Director Trauma Services	
Morgos, Dr. Samuel – Anesthesiology Liaison	on phone
Skulski, Dr. Mike – Radiology Liaison	on phone
Thomae, Dr. Keith – Trauma Surgeon	on phone
Toeys, Dr. Christine – TMD/ICU Liaison	
Worley, Dr. Zack – ED Liaison	
Zachary, Victoria – Trauma Admin Assistant	
<i>Risley, Todd - ortho</i>	



Terre Haute Regional Hospital
Trauma Peer Review Committee (TPRC)
 Sept 1, 2015

Name	Signature
Ahmed, Dr. Mohamed – Trauma Surgeon	MA
Anguay, Dr. John – Trauma Surgeon	
Aucar, Dr. John – Trauma Surgeon	JA
Bauer, Dr. Paul – Trauma Surgeon	
Bini, Dr. John – Trauma Surgeon	JB
Blondeau, Benoit – Trauma Surgeon	BB
Bowles, Dr. Alfred – Neurosurgery Liaison	AB
Burris, Dr. Jennifer – Trauma Surgeon	JB
Cioli, Marsha – VP Quality	
Fell, Brittanie – Trauma PI Coordinator	BF
Gamble, Dr. Mike – EMS Medical Director	MG
Heiney, Dr. Jake – Orthopedic Liaison	JH
Kim, Dr. Elizabeth – Trauma Surgeon	
Lee, Matt – Trauma Physician Assistant	ML
Malone, Carrie – Director Trauma Services	CM
Morgos, Dr. Samuel – Anesthesiology Liaison	SM
Singh, Dr. Ajit – Hospitalist Medical Director	
Skulski, Dr. Mike – Radiology Liaison	MS
Thomae, Dr. Keith – Trauma Surgeon	KT
Toevs, Dr. Christine – TMD/ICU Liaison	CT
Worley, Dr. Zack – ED Liaison	ZW
Zachary, Victoria – Trauma Admin Assistant	VZ
Fell, Brittanie – TRAUMA EDUCATOR PIPS	BF



Provision of Care

February, 2015

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Staffing

Includes a Medical Director, Associate Medical Director, Program Director, Nurse Manager, Clinical Rehabilitation Specialist, Rehabilitation nurses, Physical Therapists, Occupational Therapists, Speech-Language Pathologists, Licensed Physical Therapy Assistants, Licensed Occupational Therapy Assistants, and Patient Care Technicians. (All services are provided by qualified, appropriated credentialed/licensed individuals under the guidelines of the Indiana Health Professions Bureau and professional standards of practice.)

Ancillary services are provided including, but not limited to, dietitian, psychiatrist, LCSW, pharmacists, respiratory therapy, diagnostic radiology, dental, pathology, laboratory, prosthetics/orthotics, vocational rehabilitation, audiology, rehabilitation engineering and driver education are provided or referral offered when necessary with external organizations. The time frame for provision of such services is determined by the interdisciplinary team.

Intensive Care (ICU)

Description:

ICU is an eighteen (18) bed unit with sixteen (16) critical care and two (2) designated dialysis beds located in the west tower, second (2nd) floor of Terre Haute Regional Hospital. The unit provides 24 hour per day availability of comprehensive nursing and medical care for all patient types and is staffed with nurses able to utilize and interpret hemodynamic monitoring and other advanced technological equipment. Utilizing highly trained nursing staff, the goal of the unit is early recognition of patient care problems with timely and appropriate interventions in caring for the critically ill patient. The unit is a referral source for many rural hospitals for complex critically ill patients. The ICU utilizes an interdisciplinary approach to plan, implement and evaluate patient care standards.

Scope of Service:

The scope of service of the ICU is diverse. Patients include neurological, neurosurgical, general and thoracic surgery, general medical, acute dialysis, respiratory failure, multi-system failure, multisystem trauma, and complex critically ill patients. The unit is able to monitor patients for all types of hemodynamic parameters including arterial, pulmonary artery, central venous, and cardiac output, as well as intracranial pressure monitoring. The unit also provides response to potential serious patient events via the Rapid Response Team (RRT) program. Patients range in age from the adolescent to the older adult.

Remote Telemetry:

All telemetry is monitored in ICU. Monitor technicians provide 24 hour, 7-day per week coverage from the central monitor station. ICU RNs are available to overread telemetry rhythms as needed.

Length of Stay:

The average length of stay is four point six (4.6) days. Clinical staff work closely with Case Management and physicians for the most appropriate and timely transfers.

The top five (5) DRG's for ICU in 2010:

Staffing:

The ICU is staffed with all RNs. The patients are cared for with a nurse patient ratio of 1:2, or 1:1, depending on the patient's severity of illness and complexity. Occasionally, ratios may be increased to 1:3 if patients are waiting for transfer or discharge. Nurses are assigned to patients according to competency, experience, and advanced training. Factors that may influence staffing

include: (1) patient acuity, (2) scheduled surgical cases and other admissions, (3) geographic location of the patients on the unit, (4) staff experience, (5) patient transfers and bed availability and (6) number of patients. Trauma patients are cared for with at least a 1:2 nurse patient ratio.

Maternal Child Health Services

Description:

Maternal Child Health encompasses the entire second floor of Terre Haute Regional Hospital. It is divided into the Obstetrics/Gynecology (OB/GYN) Department and the Pediatrics Department.

Obstetrics/Gynecology

Description:

The Obstetrics/Gynecology Department consists of seven (7) LDR's, two (2) Operating Rooms, eleven (11) Antepartum, Post-Partum, and GYN beds, eighteen (18) Well Baby Nursery, and three (3) Level II nursery beds. A Follow-Up center is also available for babies and their families.

Scope of Service:

The Obstetrics/Gynecology Department provides care for perinatal and clean GYN patients including:

1. Antepartum Observation and Testing
2. Labor & Delivery
3. Cesarean Section
4. Postpartum
5. Level I and Level II Nursery
6. Gynecology
7. Minor or Obstetrical Surgeries

Radiology, Laboratory, Respiratory Therapy, and Pharmacy provide ongoing support to the OB/GYN Department. Certified Registered Nurse Anesthetists provide coverage for this department twenty-four (24) hours a day, seven (7) days a week.

There are approximately forty (40) deliveries per month with an average length of stay of 1.7 days for Vaginal Deliveries and 3.17 days for Cesarean Sections. Antepartum and Gynecology patients average 6.27/week with an average length of stay of two point one (2.1) days.

Childbirth education classes are offered on an ongoing basis by Maternal Child Health Staff and include education covering:

1. Relaxation and Breathing Techniques
2. Exercise during Pregnancy
3. Positioning during Labor
4. Comfort Measures, Analgesia, and Anesthesia
5. Nutrition
6. Postpartum Care
7. Cesarean Section Education
8. Infant CPR – Infant Care
9. Breastfeeding

the hospital. The Education Department is responsible for the implementation and coordination of proposed and recommended educational activities.

Hours of Operation:

Monday through Friday from 8:00 a.m. – 4:30 p.m. with alternative hours as needed.

Staffing:

The Educational Services Department is staffed by two (2) Nurse Educators and one (1) Education Director/Magnet Program Director. The Educators and Director are responsible for planning and facilitating hospital-wide education and have twenty-four (24) hour accountability for the Education Department.

Surgical Services

Description:

The Surgical Services Department provides the continuum of pre-operative, operative and intra-operative care within the hospital. In providing the continuum of perioperative care to patients and their families, surgical services encompass the following patient care areas: Operating Room, Lithotripsy, Endoscopy, Out-Patient Surgery, Pre-Op Clinic, Post-Anesthesia Care and Central Sterile Supply.

Main Operating Suite

Description:

The main operating suit is located on the first floor of Terre Haute Regional Hospital. Its goal is to provide safe and compassionate perioperative care for all patients who require surgical intervention. The suite consists of eight (8) operating rooms and (1) cystoscopy room.

Scope of Services:

The main operating suite provides services for all surgical specialties including cardiovascular, open-heart, orthopedic, podiatric, plastic, urologic, gynecologic, neurological, general, maxillofacial and ophthalmology. Surgical care is provided to patients of age groups pediatric to geriatric.

Hours of Operation:

In-house elective case coverage for as many as five (5) Operating Rooms, plus one (1) endoscopy room, and one (1) endoscopy room or cardiac cath lab room during the hours 7:00 a.m. through 3:30 p.m. Monday through Friday;

In house elective case coverage for as many as four (4) Operating Rooms during the hours 3:30 p.m. through 7:30 p.m. three (3) week days;

In house elective case coverage for as many as three (3) Operating Rooms during the hours 3:30 p.m. through 7:30 p.m. on the other two (2) weekdays;

In house elective case coverage for as many as one (1) Operating Room during the hours 7:30 p.m. through 11:00 p.m. Monday through Friday;

Between the hours of 11:00 p.m. and 7:00 a.m. and on weekends, on-call coverage with at least one (1) anesthesia provider on-call to be on-site within thirty (30) minutes;

As many as one (1) Operating Room for elective cases on Saturday during the hours 7:00 a.m. to 3:30 p.m.;

On a twenty-four (24) hour per day, seven (7) days a week basis, obstetrics coverage which shall include one (1) anesthesia provider on-call to be on-site within thirty (30) minutes from call.
On a twenty-four (24) hour per day, seven (7) days a week basis, Trauma coverage which shall include one (1) anesthesia provider in house and one (1) physician provider to be on-site within thirty (30) minutes from call.

Staffing:

The main operating room is staffed with RNs, Surgical Technicians, orderlies, certified First Assistants, and schedulers. Each case is minimally staffed with one (1) RN and one (1) technician, for open hearts two (2) RNs and two (3) technicians and for laser cases one extra staff is assigned to operate the laser. Trauma staffing will consist of one (1) RN, one (1) CFA/CST and one (1) additional CST twenty-four (24) hour per day, seven (7) days a week. The Director and Manager are responsible for planning and facilitating patient care and have twenty-four (24) hour accountability for this department. In addition, the Director and Manager are responsible for daily operations of the Surgery Department with 24 hour accountability.

Post-Anesthesia Care Unit (PACU)

Description:

PACU is an eleven (11) bed unit that is located adjacent to the operating room on the first floor of Terre Haute Regional Hospital. The unit provides comprehensive care for patients recovering from all types of anesthesia. PACU is mandatory for all patients receiving general or regional anesthesia, unless a patient is admitted directly to the ICU.

Scope of Service:

The scope of service includes recovering patients who have received general, regional, intravenous and local anesthesia. PACU also provides a site for pain management therapy and cardioversion. Patients range in age from infant to geriatric. The length of stay is relevant to the time it takes each patient to recover from their specific type of anesthesia.

Admission Criteria:

Any patient who has received general, regional or IV anesthesia.

Discharge Criteria:

1. Patient is awake, oriented and vital signs stable.
2. Reached an Aldrete score of eight (8) or greater and pain controlled to an acceptable level.
3. Temperature of 96°F or greater.

Hours of Operation:

Routine schedule Monday through Friday 7:30 a.m. – 11:00 p.m. and Saturday 7:00 a.m. to 3:30 p.m., all other hours and holidays are covered by two (2) RNs on call.

Staffing:

PACU is staffed with an all RN staff. The staffing patterns are staggered throughout the day to accommodate the scheduled cases. PACU is staffed at a minimal level of one (1) nurse for three (3) patients. The Nurse Manager and Surgical Services Director are responsible for the planning and facilitating patient care and have twenty-four (24) hour accountability for this department.

Central Sterile Supply

- All paper medical records are located within the Health Information Management Dept. or off-site storage.
- Pulling statistics and preparing reports for various committees or functions.
- Processing of HIPAA related potential reportable report and follow up.

Staffing Plan:

Job descriptions within HIM include the following:

- HIM Director/Facility Privacy Officer
- Facility HIM Specialist

Laboratory

Description:

Terre Haute Regional Hospital Laboratory is located on the first floor of Terre Haute Regional Hospital. It contains an outpatient waiting area, phlebotomy/specimen collection area, clerical office, technical/analytical areas, and administrative and pathology offices. A separate outpatient specimen collection area is located in the Outpatient Test and Treatment center.

Communication:

Requests for laboratory services are received in the Laboratory by the Meditech Computer System via the Order Entry Module or Laboratory Module, by written outpatient requisitions, by faxed order, and/or by verbal orders. In-patient specimens are collected by laboratory personnel and/or nursing personnel and are transported to the laboratory within a timely manner, i.e. within 15 minutes of collection for stats and within 60 minutes of collection for routines. Outpatient specimens are transported by physician office staff, physician, or laboratory personnel. Specimens are accessioned in the Laboratory Information System upon arrival in the Laboratory and then distributed to appropriate testing department. Testing not performed by our laboratory staff is referred to the appropriate CLIA approved reference laboratory on our list of laboratories approved by the Terre Haute Regional Hospital Medical Staff. Results of in-patient testing are available in a timely manner to the nursing and Medical Staff via the Patient Care Inquiry (PCI) module of Meditech upon verification by laboratory personnel. In-patient panic value results are called to appropriate personnel and documented in compliance with the current Critical Value policy. Physician reports are printed in the laboratory at 0600, 1300, and 1500 and are placed in physician boxes in the Physicians' Lounge, faxed or mailed. Stats and Critical Values are called to the outpatient's physician. Tests reported in Meditech are immediately available in our electronic patient record. Reports from reference laboratories are distributed daily.

Scope of Service:

ANATOMIC PATHOLOGY: Fine Needle Aspirates, Bone Marrows, Needle Biopsies, routine and special stains, as well as the processing and interpretation of surgical specimens and non-gynecologic specimens. Gynecologic Cytology specimens are accessioned and sent to a reference Laboratory. Pathologists are also available for autopsies, clinical consultations, and frozen sections.

CLINICAL PATHOLOGY: General chemistry, automated chemistry, toxicology, and therapeutic drug monitoring are performed in the Chemistry department. Blood for transfusion purposes is provided by the Indiana Blood Center (IBC), and an adequate in-house supply of red blood cells, liquid and/or fresh frozen plasma, platelets and cryoprecipitate are kept to meet the needs of injured and bleeding patients. The Blood Bank processes and resolves most immunohematology

problems, performs ABO type, Rh type, direct and indirect coombs testing, compatibility testing, elutions, and other related testing. Difficult crossmatches, unidentified antibodies, etc. are usually referred to IBC. Hematology performs automated Complete Blood Counts, automated and/or manual differentials, reticulocyte counts, erythrocyte sedimentation rates, coagulation studies, and routine urinalysis and/or microscopics. Routine Serology testing is performed. Microbiology provides a full range of services, including rapid automated bacterial identification, sensitivity testing, and automated blood culture testing. Limited Mycology, Mycobacteriology, and Virology are also performed. Thromboelastography (TEG) is also available.

The integrity of all Laboratory testing is verified by quality control material, performance improvement programs and proficiency testing. The laboratory is accredited by the College of American Pathologists and serves patients from all stages of life.

Hours of Operation:

The laboratory is open twenty-four hours a day, seven days a week. Pathologists and/or the management staff are on site or on call to provide consultation as needed.

Staffing:

The professional staff includes the Laboratory Director, Technical Coordinators, Histology Techs, Medical Laboratory Technicians, Medical Technologists, and Pathologists. Support personnel include Laboratory Assistants.

Staffing Plan:

The Laboratory is staffed by qualified Medical Technologists, Medical Laboratory Technicians, Histology Technicians, and Laboratory Assistants as dictated by acuity of patients, volume of Inpatients, Emergency Department patients, and volume of Outpatients and interdepartmental needs. Staffing is flexed as needed to meeting the daily volume of testing. The Director is responsible for planning and has twenty-four (24) hour accountability for this department.

Center for Wound Care

Description:

The Center for Wound Care is located on the first floor of Terre Haute Regional Hospital. The Center for Wound Care has two exam rooms, plus a suite with two large, clear acrylic hyperbaric oxygen chambers, each with its own TV/VCR and CD player for patients to watch movies or listen to music during treatment. The completely transparent chambers allow patients to see and be seen.

Scope of Service:

The Center for Wound Care works collaboratively with hospital administration, the medical center staff, nursing, hospital ancillary departments, and Healogics to uphold the mission of the hospital. The Center will respect human dignity and strive to enhance the quality of life by providing comprehensive wound and skin care for all patients within the following scope of services:

1. The Center will be responsible for providing safe, effective and medically necessary wound care and hyperbaric oxygen therapy to outpatients in the facility.
2. The Center will primarily serve the community adult and geriatric population with occasional pediatric patients.
3. The Center will operate by the advanced wound care clinical practice guidelines set forth by Healogics.
4. Patients with the following wound types will be clinically evaluated for receiving services in the Center:
 - Pressure

Nuclear Medicine Radiologist, three certified nuclear medicine technologists, one cross trained radiologic technologist, and consultants (biomedical engineer and radiologic physicist involved in radiation safety).

Nuclear medicine physicians are consultants, responsible for advising referring physicians on which imaging or therapy procedures to request and in which sequence.

Imaging Services

Description:

The department/services offers diagnostic radiology services 24 hours a day to inpatients, outpatients, and emergency service patients of all ages (neonate, pediatric, adolescence, adult and geriatric). The Radiology Department will honor all cultural beliefs of population served. Range of treatments comprises diagnostic, invasive/intraoperative and noninvasive techniques, and modalities using ionizing radiation with or without the use of contrast media and Ultrasound imaging.

Scope of Services:

Services include Digital Mammography, Bone Density, Stereotactic Breast Biopsy, CT scanning, MRI, Nuclear Medicine, PET/CT and diagnostic ultrasound (except when performed in the labor and delivery area). Services related or concomitant to imaging include quality assurance monitoring and evaluation, quality control including protecting patients and staff from harmful radiation, image interpretation, dictation, record filing and management, patient billing, marketing equipment purchasing, film processing, and continuing education. Portable x-ray and C-Arm fluoroscopy equipment allows radiographs to be obtained in surgery, as well as medical/surgical and intensive care units. A "Cloud" service for patient imaging transfers to and from outside facilities is available for all imaging services within the parameters of our Trauma region.

Hours of Operation:

The MRI the department is open twenty-four (24) hours a day, seven (7) days a week or provides coverage through "on call" provision. MRI is provided Monday through Saturday 7:00 a.m. – 7:30 p.m. with "on call" coverage on off hours and Sundays with 1 hour response.

Staffing:

All individuals providing diagnostic radiology services without supervision or direction have appropriate delineated clinical privileges. All individuals who provide technical diagnostic radiology services are licensed or registered (according to applicable state law and regulation) and have the appropriate training and competence. Practitioners and staff include a physician director (board certified radiologist), thirty-nine registered technologists, three registered nuclear medicine techs, three secretarial/scheduling personnel, consultants (radiation physicist and biomedical engineer), and seven transport aides to respond to patient care needs before and during radiology procedures. During all shifts technologists and radiologists are available by telephone or pager. Qualified radiologists are available 24 hours per day within 30 minutes to perform complex imaging studies or interventional procedures.

Technologists or other non-physician personnel do not perform interventional studies or diagnostic fluoroscopy without a radiologist present.

Radiologists are consultants, responsible for advising referring physicians on which imaging procedures to do and in which sequence. We perform 24/7 final report Teleradiology which reads emergency and all STAT images within a TAT of 30 minutes. Our TAT for Outpatient imaging procedures (non-stat) are to be read within 3 hours of exam completion.

Saturday – Sunday: 7:30 a.m. – 3:00 p.m.

ECHO

Monday – Friday: 7:00 a.m. – 5:00 p.m.
(On call for STAT testing)

Staffing:

Special Diagnostics is staffed by RN, Special Diagnostic Technicians, RDCS (Registered Diagnostic Cardiac Sonographer), ECHO/RVT (Registered Vascular Technicians) and Secretarial staff.

Cardiopulmonary Rehab:

Cardiopulmonary Rehab is by Registered Nurses. Cardiopulmonary Rehab utilizes interdisciplinary approach including Dietician, Pharmacist, Respiratory Therapy, Rehab Technician, Psychologist and student intern to individualize patient need. The team is responsible for planning and facilitating patient care.

Hours of Operation:

6:30 a.m. to 3:00 p.m. Monday – Friday

Respiratory Therapy

Description:

Respiratory Care is the health care discipline that specializes in the promotion of optimum cardiopulmonary health. Respiratory Therapists use scientific principles under medical direction to identify, treat, and prevent acute or chronic dysfunction of the cardiopulmonary system.

Scope of Services:

Respiratory Care provides services to all age populations, including neonate, pediatric, adolescence, adult and geriatric patients. Scope of Service includes:

- Pulmonary assessment
- Administration of pharmacological, therapeutic, and diagnostic agents related to respiratory care, pulmonary function, or specific regime prescribed by a physician.
- Administration of medical gases
- Emergent and elective endotracheal intubation and airway management
- Bronchopulmonary hygiene therapy
- Rapid Response Team
- Hyperinflation therapy
- Arterial blood gas puncture and analysis
- Pulmonary Function Testing
- Non-invasive ventilator support
- Mechanical ventilation management
- Maintenance of artificial airways
- Patient and family education
- Oximetry
- Promotion of community health

Hours of Operation:

Respiratory Care provides evaluation and treatment to inpatients and outpatients 24 hours a day, seven days a week.

Pulmonary Function Testing (PFT), Electroencephalograms (EEGs), and Electromyelograms (EMGs) are available to outpatients 7:30 a.m. to 4:00 p.m. Mon-Fri, and after hours as needed on an on-call basis.

Staffing:

Respiratory Care is staffed with licensed respiratory care practitioners with at least one (1) credentialed staff member in house at all times. A Charge Therapist is available at all times. Staffing consists of three therapists with the ability to flex staff either up or down based on patient acuity and volume. Standard shifts are twelve (12) hours each, covering days and nights. The Charge Therapist on each shift has the responsibility and authority to increase/decrease staff according to census and acuity. If a staff member is called off, that person may be placed on call in the event volume demands increase. The Director is responsible for planning and facilitating patient care and has twenty-four hour accountability.

Pulmonary function, EEG, and EMG services are provided by personnel with the training and education necessary to perform testing according to clinical standards and guidelines.

Outpatient Rehabilitation Services

Physical Therapy Department

Description:

The Outpatient Physical Therapy Department is located on campus in the Terre Haute Regional Pavilion, 501 E. St. Anthony Dr, Terre Haute, IN 47802

Scope of Service:

Physical Therapy is a field of medicine involved in the restoration of function following injury, disease, and debilitation. Patient care consists of evaluation, interpretation of data, formulation and implementation of a treatment plan to address specified limitations, dysfunctions and/or injury to the musculoskeletal, nervous, skin/connective tissue and circulatory systems of the body. Evaluation and treatment for children, adolescents and adults is available

Specialized services: Lymphedema assessment and treatment, Work Conditioning treatment, Ergonomic assessment and recommendations, and Pediatric evaluation and treatment.

Hours of Operation:

- 8:00 a.m. - 5:00 p.m. Monday through Friday (special times are accommodated per pt. need)

Staffing: The Physical Therapy Department is staffed with licensed Physical Therapists, licensed Physical Therapy Assistants and an Office Coordinator.

Staffing Plan:

Monday through Friday

Outpatient

- 2 Physical Therapists available for evaluations and treatment
- 2 Physical Therapist Assistants
- 1 Office Coordinator

(No weekend or holiday appointments)

Speech-Language Pathology Department

Description:

Malone Carrie - Terre Haute

From: Anita Johnson <anita.johnson@facs.org>
Sent: Wednesday, September 23, 2015 12:47 PM
To: Malone Carrie - Terre Haute
Cc: Molly Lozada; Rachel T Sanchez; Megan Hudgins
Subject: [EXTERNAL] ACS Receipt and Application - Terre Haute Regional Hospital, Terre Haute, IN
Attachments: ACS Trauma Review - Interim PRQ L1-2.docx; Interim PRQ List of Attachment-Appendix.xlsx; Review Agenda 9_2015 .pdf

Greetings:

Thank you for submitting your **ACS/COT application**. We will begin the scheduling process based off of the important details you provided us.

- Visit type: **Level II trauma consultation**
- Requested dates/period: **August 1, 2016 to October 31, 2016**
- Unavailable dates within your requested dates: **First week of August and the 4th Tuesday in each month**
- **Please do not send payment until you receive an invoice.**

The VRC program has recently transitioned to a new electronic database. We apologize ahead of time for any delays or inaccuracies caused by this transition. If you notice any inaccuracies or adjustments that need to be made to your date range or point of contact, please let us know as soon as possible.

Scheduling:

Once dates have been confirmed by both the reviewers and the hospital, an email confirmation with the reviewers' contact information will be sent directly to you.

- Visits are scheduled Sunday through Friday, holidays are avoided.
- Dates will be selected from the requested dates/period noted above.
- Dates of the visit are based on the availability of the review team and the hospital.
- Confirmed dates can take several months to finalize.

Pre-review Questionnaire (PRQ):

Since your visit will be scheduled on or after July 1, 2016, it is necessary for you to use the attached word version to get started. The new PRQ is not complete as of yet and the date of completion is still to be determined. You will receive your PRQ login as soon as it's complete.

NON-BOARD CERTIFIED OR BOARD ELIGIBLE SURGEON:

421

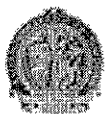
If there is a surgeon on the trauma call schedule who completed a residency outside the US, excluding Canada, this candidate must apply for the alternate pathway. The VRC office must be immediately contacted to accommodate this request.

- A surgeon who has completed a US or Canadian residency cannot apply for the Alternate Pathway.
- An additional ACS site reviewer from that the same specialty must accompany the ACS review team.
- There is an additional cost of \$3,000 to review an alternate pathway candidate.
- The candidate must meet all the criteria as outlined in the Alternate Pathway document found on the web page at <http://www.facs.org/trauma/alternatepathway.pdf>. What is currently printed in the Resources for Optimal Care of the Injured Patient: 2006 is no longer valid.
- A copy of the candidate's curriculum vitae must be emailed to the VRC office for review and approval for the candidate to be reviewed under the alternate pathway.
- If the surgeon applying for the alternate pathway is a fellow of the American College of Surgeons, they will not be required to use the alternate pathway. Please contact the VRC to confirm their membership status.

Throughout the process if you have questions or concerns about the PRQ please feel free to contact us. We would appreciate any feedback to make the PRQ clearer and better for future users.

Thank you,

Anita Johnson
Trauma Assistant
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